

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90027 020 ****61.25

DOCUMENT # N13510

1. Entity Name

GREENVIEW HOMEOWNERS' ASSOCIATION AT FLORIDA CENTER, INC.

Principal Place of Business

6236 PEREGRINE CT.
 ORLANDO FL 32819

Mailing Address

6236 PEREGRINE CT.
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2690261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, LAVERNE
6211 PERGRINE CT
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WALKER, LAVERNE	6211 PEREGRINE CT	ORLANDO FL 32819	<input type="checkbox"/>
DS	GLASCOCK, JOANNE	6203 PEREGRINE CT	ORLANDO FL 32819	<input type="checkbox"/>
S	HARRINTON, KELLY	6215 PERGRINE CT	ORLANDO FL 32819	<input checked="" type="checkbox"/>
VPD	KNIGHT, BILL III	6232 PERGRINE CT	ORLANDO FL 32819	<input checked="" type="checkbox"/>
TD	COPA, ANDREW	6242 PEREGRINE CT	ORLANDO FL 32819	<input checked="" type="checkbox"/>
D	ATKINSON, KAREN	6228 PEREGRINE CT	ORLANDO FL 32819	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VPD	GONZALEZ, GUILLERMO	6204 PEREGRINE CT.	ORLANDO FL 32819	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	ATKINSON, KAREN	6228 PEREGRINE CT	ORLANDO FL 32819	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FLAMINI, BARBARA	6210 PEREGRINE CT	ORLANDO FL 32819	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laverne Walker* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LAVERNE WALKER** Date: **4/24/02** Daytime Phone #: **407 3518602**

CR2E037 (9/01)