

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 011 ****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		01262004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2690261	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, LAVERNE 6211 PERGRINE CT ORLANDO, FL 32819			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, LAVERNE	NAME	John Kuntz		
STREET ADDRESS	6211 PEREGRINE CT	STREET ADDRESS	5915 Pitch Pine Drive		
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	Orlando, FL 32819		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, GUILLERMO	NAME	Laverne Walker		
STREET ADDRESS	6204 PEREGRINE CT	STREET ADDRESS	6211 peregrine ct		
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	Orlando, FL 32819		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMETANKA, SALLY	NAME	no change		
STREET ADDRESS	6240 PEREGRINE CT	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ATKINSON, KAREN	NAME	Cheryl Comstock		
STREET ADDRESS	6228 PEREGRINE CT	STREET ADDRESS	6240 peregrine ct		
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	Orlando, FL 32819		
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COMSTOCK, CHERYL	NAME	Guillermo Gonzalez		
STREET ADDRESS	6240 PEREGRINE CT	STREET ADDRESS	6204 peregrine ct		
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	Orlando, FL 32819		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Cheryl Comstock</i>		Cheryl Comstock		1/26/04 (407)2649894	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	