2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13510

FILED Apr 28, 2008 Secretary of State

Entity Name: GREENVIEW HOMEOWNERS' ASSOCIATION AT FLORIDA CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 6236 PEREGRINE CT. ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 6236 PEREGRINE CT. ORLANDO, FL 32819 FEI Number: 59-2690261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, EDWIN T MR. 6256 PEREGRINE COURT ORLANDO, FL 32819 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RODRIGUEZ, JAIRO DAVID, LYNN Name: Name: 6207 PEREGRINE COURT Address: 6244 PEREGRINE COURT Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: Title: (X) Change () Addition () Delete DAVID, LYNN Name: RODRIGUEZ, JAIRO Name: Address: 6244 PEREGRINE CT. Address: 6207 PEREGRINE CT. City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: (X) Change () Addition DRYDEN, DEBORAH GONZALES, EMILY Name: Name: 6208 PEREGRINE COURT 6204 PEREGRINE COURT Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change () Addition COLLINS, EDWIN Name: Name: 6256 PEREGRINE CT Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: (X) Change () Addition GONZALEZ, EMILY WELLS, ELIZABETH Name: Name: 6204 PEREGRINE CT 6203 PEREGRINE CT Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN COLLINS T 04/28/2008