

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13510

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6236 PEREGRINE CT.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6236 PEREGRINE CT.  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-2690261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLINS, EDWIN T MR.  
6256 PEREGRINE COURT  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

SHAPLEY, BONNIE K MS  
6230 PEREGRINE COURT  
ORLANDO, FL 32819 US

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: BONNIE SHAPLEY

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVID, LYNN  
Address: 6244 PEREGRINE COURT  
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete  
Name: RODRIGUEZ, JAIRO  
Address: 6207 PEREGRINE CT.  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: GONZALES, EMILY  
Address: 6204 PEREGRINE COURT  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: COLLINS, EDWIN  
Address: 6256 PEREGRINE CT  
City-St-Zip: ORLANDO, FL 32819

Title: S ( ) Delete  
Name: WELLS, ELIZABETH  
Address: 6203 PEREGRINE CT  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SCOTT, LOYD  
Address: 6219 PEREGRINE CT.  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SHAPLEY, BONNIE  
Address: 6230 PEREGRINE CT  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BONNIE SHAPLEY

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date