

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90072 019 \*\*\*\*61.25

0015072

**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  
**6236 PEREGRINE CT**

3. Mailing Address  
**6236 PEREGRINE CT**

Suite, Apt. #, etc.

City & State  
**ORLANDO**

City & State  
**ORLANDO FL**

Zip  
**FL**

Country  
**ORANGE**

Zip  
**32819**

Country  
**US**

4. FEI Number **59-2690261**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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  
**LAVERNE WALKER**

Street Address (P.O. Box Number is Not Acceptable)  
**6211 PEREGRINE CT.**

City  
**ORLANDO**

FL Zip Code  
**32819**

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 *Laverne Walker* **LAVERNE WALKER** DATE **6/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, LAVERNE</b>	
STREET ADDRESS	<b>6211 PEREGRINE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLASCOCK, JOANNE</b>	
STREET ADDRESS	<b>6203 PEREGRINE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, GUILLERMO</b>	
STREET ADDRESS	<b>6204 PEREGRINE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLAMINI, BARBARA</b>	
STREET ADDRESS	<b>6210 PEREGRINE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ATKINSON, KAREN</b>	
STREET ADDRESS	<b>6228 PEREGRINE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHERYL COMSTOCK</b>	
STREET ADDRESS	<b>6240 PEREGRINE CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SALLY SMETANKA</b>	
STREET ADDRESS	<b>6202 PEREGRINE CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Laverne Walker* **LAVERNE WALKER** DATE **6/20/03** PHONE # **907 351 8602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)