

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moreham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42941 (7)

1. Corporation Name

GREENHAVEN UNIT FOUR ASSOCIATION, INC.

APPROVED
AND
FILED

95 APR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3490 E LAKE RD
STE C
PALM HARBOR FL 34685
US

P.O. BOX 1448
P.O. BOX 660
PALM HARBOR FL 34682-1448
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1991

3a. Date of Last Report

04/05/1994

4. FEI Number

65-0275470

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAS, WILLIAM J.
2215 RIVER BLVD.
JACKSONVILLE FL 32204

81 Name
SCANNAVINO, DOMINICK

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

3490 EAST LAKE ROAD, SUITE C

83

84 City

PALM HARBOR

85 FL

86 Zip Code

34685

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

William J. Deas

4-18-95

(Signature typed and printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LIPSKY, ALLAN B.
STREET ADDRESS	1050 EAST LAKE WOODLANDS
CITY-ST-ZIP	PALM HARBOR FL
TITLE	DST
NAME	JOHNSON, CHARLES W.
STREET ADDRESS	1050 EAST LAKE WOODLANDS
CITY-ST-ZIP	PALM HARBOR FL
TITLE	DV
NAME	RYAN, MICHAEL S.
STREET ADDRESS	520 BROAD ST.
CITY-ST-ZIP	NEWARK NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	WAGNER, MARK	
1.3 STREET ADDRESS	1466 WHISPERWIND LANE	
1.4 CITY-ST-ZIP	OLDSMAR FL	
2.1 TITLE	DVP	☐ Change ☒ Addition
2.2 NAME	MILLICAN, KENNETH	
2.3 STREET ADDRESS	1594 E. LAKE WOODLANDS PKWY.	
2.4 CITY-ST-ZIP	OLDSMAR FL	
3.1 TITLE	DVP	☐ Change ☒ Addition
3.2 NAME	FUTHEY, JOANNE	
3.3 STREET ADDRESS	1539 E. LAKE WOODLANDS PKWY.	
3.4 CITY-ST-ZIP	OLDSMAR FL	
4.1 TITLE	DS	☐ Change ☒ Addition
4.2 NAME	BELCIK, KAYLYN	
4.3 STREET ADDRESS	1551 E. LAKE WOODLANDS PKWY.	
4.4 CITY-ST-ZIP	OLDSMAR FL	
5.1 TITLE	D T	☐ Change ☒ Addition
5.2 NAME	GREGORY, JONATHAN	
5.3 STREET ADDRESS	1455 WHISPERWIND LANE	
5.4 CITY-ST-ZIP	OLDSMAR FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Wagner
MARK WAGNER

4/12/95 784-3960