


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 034 ****61.25

DOCUMENT # N45035					
1. Entity Name THE GREENS AT CAROLINA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 11784 W SAMPLE RD CORAL SPRINGS, FL 33065			Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0349165	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			United Community Mgt Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 City Coral Springs FL 33065		
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 <u><i>Beni Kattawas</i></u> VP Finance United Comm Mgmt 3/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, LAURA		NAME	Miller, Jennifer	
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS	3094 N.W. 71st Ave	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Margate, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAYRE, JERRY		NAME	Stevens, Greg	
STREET ADDRESS	7656 NW 25TH ST		STREET ADDRESS	3109 N.W. 71st Ave	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	T/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERILLO, STEVE		NAME	Reiza, Ken	
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS	3137 N.W. 71st Ave	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Margate, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJZA, KEN		NAME		
STREET ADDRESS	3137 NW 71ST AVE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
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		
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 exemptions contained 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 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: <u><i>[Signature]</i></u> PRESIDENT			APRIL 1/07 9547487088 <small>Date Daytime Phone #</small>		