2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005792

FILED May 02, 2009 Secretary of State

Entity Name: GREENFIELD LAKES OWNERS ASSOCIATION INC

Littly Nai	He. GREEN IEED LARES OWNERS ASSOCI	SIATION, INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
463499 SR YULEE, FL		12187 BEACH BLVD. SUITE 4 JACKSONVILLE, FL 32246 US
Current M	ailing Address:	New Mailing Address:
PO BOX 19 YULEE, FL		12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US
In accordan	59-3279197 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () t receive the prior notice. Name and Address of New Registered Agent:
PROPERT 463499 SR YULEE, FL		JARNUTWOSKI, SHERRIE 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US
	named entity submits this statement for the p e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATURE: SHERRIE JARNUTOWSKI		05/02/2009
	Electronic Signature of Registered Age	nt Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P/D (X) Delete WEIMER, TRACY STAFFORDSHIRE DR S JACKSONVILLE, FL 32225	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete DUGGER, DENISE N 554 PRINDLE DRIVE E JACKSONVILLE, FL 32225	Title: P (X) Change () Addition Name: DUGGER, DENISE N Address: 12620-3 BEACH BLVD. #301 City-St-Zip: JACKSONVILLE, FL 32246
Title: Name: Address: City-St-Zip:	SD () Delete AVRITT, JENNY L 594 HALVERSON COURT JACKSONVILLE, FL 32225	Title: S (X) Change () Addition Name: AVRITT, JENNY L Address: 12620-3 BEACH BLVD. #301 City-St-Zip: JACKSONVILLE, FL 32246
Title: Name: Address: City-St-Zip:	VPD (X) Delete OFALT, STEPHANIE 12979 STAFFORDSHIRE DR S JACKSONVILLE, FL 32225 US	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: SHERRIE JARNUTOWSKI RA 05/02/2009