

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002410 (5)
 1. Corporation Name
GREENFIELD PLANTATION HOMEOWNERS' ASSOCIATION, I NC.



Principal Place of Business 1001 THIRD AVE W SUITE 600 BRADENTON FL 34205	Mailing Address 1001 THIRD AVE W SUITE 600 BRADENTON FL 34205
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3. Date Incorporated or Qualified 04/28/1997	
4. FEI Number 65-0851823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners' association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MCGUIRE, PRATT, MASIO & FARRANCE, P.A.
 1001 THIRD AVE W
 SUITE 800
 BRADENTON FL 34205**

10. Name and Address of New Registered Agent
 81 Name **Condominium Management, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1801 Glengary St**
 84 City **Sarasota** FL 85 Zip Code **34231**

11. Pursuant to the provisions of sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.
 SIGNATURE **Richard Clark Chairman** DATE **8/31/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, LLOYD E JR.
STREET ADDRESS	517 9TH ST W
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	D <input type="checkbox"/> DELETE
NAME	SCUSSEL, DAVE
STREET ADDRESS	517 9TH ST W
CITY-ST-ZIP	BRADENTON FL 34205
TITLE	D <input type="checkbox"/> DELETE
NAME	TURNER, RICHARD
STREET ADDRESS	5004 RIVERVIEW BLVD
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Lloyd E. Jr
1.3 STREET ADDRESS	814 6th Ave W
1.4 CITY-ST-ZIP	Bradenton FL 34205
2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scussel, Dave
2.3 STREET ADDRESS	814 6th Ave W
2.4 CITY-ST-ZIP	Bradenton FL 34205
3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Turner Richard
3.3 STREET ADDRESS	5004 Riverview Blvd
3.4 CITY-ST-ZIP	Bradenton FL 34209
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Britton, H. Williams
4.3 STREET ADDRESS	814 6th Ave W
4.4 CITY-ST-ZIP	Bradenton FL 34205
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **[Signature]** DATE: **941-921-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)