


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90073 025 ****61.25

DOCUMENT # N97000002410					
1. Entity Name GREENFIELD PLANTATION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202			Mailing Address CASEY CONDO MGMT LLEC SARASOTA, FL 34233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. 102		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0851823	
				Applied For 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	
CASEY CONDO MGMT LLC 4370 S TAMiami TRAIL #156 SARASOTA, FL 34231				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				SUITE 102	
				City	FL Zip Code
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 <i>Bridget Spence</i>		DATE <i>4-26-06</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, RICK		NAME		
STREET ADDRESS	10131 REAGAN DAIRY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDERMAN, GIL		NAME	DOREEN IERARDI	
STREET ADDRESS	660 PLANTERS MANOR WAY		STREET ADDRESS	738 OLD QUARRY RD BRADENTON FL	
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP	34212	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANATZAR, STACY		NAME		
STREET ADDRESS	1462 MILLBROOK CIR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, MARY		NAME		
STREET ADDRESS	722 OLD QAURRY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNYER, STEVE		NAME	DEBBIE BAKER	
STREET ADDRESS	570 PLANTERS MANORWAY		STREET ADDRESS	702 PLANTERS MANOR WAY	
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP	BRADENTON, FL 34212	
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: <i>Doreen I. Ierardi</i>		DATE: <i>4-27-06</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			