

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90092 041 \*\*\*\*61.25

<b>DOCUMENT # N97000002410</b>					
<b>1. Entity Name</b> GREENFIELD PLANTATION HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202			<b>Mailing Address</b> CASEY CONDO MGMT LLEC 102 SARASOTA, FL 34233		
<b>2. Principal Place of Business - No P.O. Box #</b> 4370 S. Tamiami Trail		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State		<b>4. FEI Number</b> 65-0851823	
Zip 34231		Country US		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04182007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  CASEY CONDO MGMT LLC 4370 S TAMAMI TRAIL #156 STE 102 SARASOTA, FL 34231			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite 102  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, RICK 10131 REAGAN DAIRY TRAIL BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IERARDI, DOREEN 738 OLD QUARRY RD BRADENTON, FL 34212	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANATZAR, STACY 1462 MILLBROOK CIR BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNTER, MARY 722 OLD QAURRY BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DEBBIE 702 PLANTERS MANOR WAY BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruderman, Gill 660 Planters Manor Way Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____		Date: 4-24-07		Daytime Phone #: (941) 775-8473	