

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90489 003 \*\*\*\*\*61.25

**DOCUMENT # N97000002410**

1. Entity Name

**GREENFIELD PLANTATION HOMEOWNERS' ASSOCIATION, I  
NC.**



Principal Place of Business

**2180 W. SR. 434. SUITE 5000  
LONGWOOD FL 32779-5044**

Mailing Address

**2180 W. SR. 434. SUITE 5000  
LONGWOOD FL 32779-5044**

2. Principal Place of Business  
**2180 W SR 434**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 5000**

Suite, Apt. #, etc.

City & State  
**LONGWOOD FL**

City & State

Zip  
**32779-5044**

Country  
**US**

Zip

Country

4. FEI Number **65-0851823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 W. SR 434, STE. 5000  
LONGWOOD FL 32779**

**JAMES W HART JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☒ Delete  
NAME **WILLIAMS, LLOYD E JR.**  
STREET ADDRESS **814 6TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Conlon, Karen A.**  
STREET ADDRESS **1117 Cane Mill Lane**  
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE **SD** ☒ Delete  
NAME **SCUSSEL, DAVE**  
STREET ADDRESS **814 6TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Llambes, Tony**  
STREET ADDRESS **10453 Old Grove Circle**  
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE **VD** ☒ Delete  
NAME **WILLIAMS, BRITTON H**  
STREET ADDRESS **814 6TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Legendre, Ed**  
STREET ADDRESS **734 Old Quarry Road**  
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE **D** ☒ Delete  
NAME **GALLAGHER, JAMES**  
STREET ADDRESS **10421 OLD GROVE CIR**  
CITY-ST-ZIP **BRADENTON FL 34212**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Nunez-Gómez, Vince**  
STREET ADDRESS **631 Planters Manor Way**  
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Rhodes, Terry R.**  
STREET ADDRESS **440 Country Lane**  
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**Karen A Conlon President**

**3/24/03**

CR2E037 (10/02)