

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90009 021 \*\*\*\*61.25

0042131

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 710578**

1. Corporation Name

**GREENWAY VILLAGE ASSOCIATION NO. ONE, INC. A CON  
 DOMINIUM ASSOCIATION.**

Principal Place of Business

**60 EAST COURT  
 ROYAL PALM BEACH FL 33411**

Mailing Address

**60 EAST COURT  
 ROYAL PALM BEACH FL 33411**



2. Principal Place of Business

**21**  
 Suite, Apt. #, etc.

**22**  
 City & State

**23**  
 Zip Country

**24**

2a. Mailing Address

**26**  
 Suite, Apt. #, etc.

**27**  
 City & State

**28**  
 Zip Country

**29**

3. Date Incorporated or Qualified

**03/23/1966**

4. FEI Number

**59-1205212**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**DEL GRECO, NICK  
 125 W COURT  
 ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD DEL GRECO, NICK**  
 STREET ADDRESS **125 W COURT**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE

NAME **VD BENOIT, MAY**  
 STREET ADDRESS **34 E COURT**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☒ DELETE

NAME **TD SABLONE, ANN**  
 STREET ADDRESS **95 E COURT**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ DELETE

NAME **SD BENOIT, MAY**  
 STREET ADDRESS **34 E COURT**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ DELETE

NAME **D BOOMHOWER, FREDRICK**  
 STREET ADDRESS **53 E COURT**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☒ DELETE

NAME **D GOLDSTEIN, SELMA**  
 STREET ADDRESS **101 W COURT**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME **PD DEL GRECO, NICK**  
 STREET ADDRESS **125 W COURT**  
 CITY-ST-ZIP **R P B FL 33411**

2.1 TITLE ☐ Change ☐ Addition

NAME **VD BENOIT, MAY**  
 STREET ADDRESS **34 E COURT**  
 CITY-ST-ZIP **R P B FL 33411**

3.1 TITLE ☐ Change ☐ Addition

NAME **SD BOOMHOWER, FREDRICK**  
 STREET ADDRESS **53 E COURT**  
 CITY-ST-ZIP **R P B FL 33411**

4.1 TITLE ☐ Change ☒ Addition

NAME **D RONALD PICK**  
 STREET ADDRESS **140 W COURT**  
 CITY-ST-ZIP **R P B FL 33411**

5.1 TITLE ☐ Change ☒ Addition

NAME **D JOANNE D. BOLE**  
 STREET ADDRESS **134 W COURT**  
 CITY-ST-ZIP **R P B FL 33411**

6.1 TITLE ☐ Change ☒ Addition

NAME **TD FRED SABLONE**  
 STREET ADDRESS **95 E COURT**  
 CITY-ST-ZIP **R P B FL 33411**

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, with all other like empowered.

SIGNATURE:

**NICK DEL GRECO REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-99**

Date

**561-790-8356**

Daytime Phone #

CR2E037 (11/98)