

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90042 021 ****61.25

DOCUMENT # 716123

1. Entity Name
**GREENWAY VILLAGE ASSOCIATION NORTH, INC., A
CONDOMINIUM ASSOCIATION**



Principal Place of Business
**2 GREENWAY VILLAGE NORTH
#100
ROYAL PALM BEACH, FL 33411**

Mailing Address
**2 GREENWAY VILLAGE NORTH
#100
ROYAL PALM BEACH, FL 33411**

20021280



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1278417

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, MARY E
2 GREENWAY VILLAGE NORTH
#103
ROYAL PALM BEACH, FL 33411**

Name **ANDERSON, ELIZABETH A.**
Street Address (P.O. Box Number is Not Acceptable)
1 GREENWAY VILLAGE NORTH
#111
City **ROYAL PALM BEACH** **FL** Zip Code
33411

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

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

ELIZABETH A. ANDERSON
(NOTE: Registered Agent signature required when resigning)

03/03/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **V** ☒ Delete
NAME **PELLY, REGINA**
STREET ADDRESS **2 GREENWAY VILG N # 110**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **P** ☒ Change ☐ Addition
NAME **RODRIGUEZ, ROSA**
STREET ADDRESS **2 GREENWAY VILLAGE N. #201**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **P** ☒ Delete
NAME **PICCINO, ARMANDO**
STREET ADDRESS **2 GREENWAY VILG N # 205**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **V** ☒ Change ☐ Addition
NAME **RYAN, KENNETH**
STREET ADDRESS **2 GREENWAY VILLAGE N. #106**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete
NAME **ROSENBAUM, LAWRENCE**
STREET ADDRESS **2 GREENWAY VILG N # 211**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

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

TITLE **D** ☐ Delete
NAME **PICCINO, JOAN**
STREET ADDRESS **2 GREENWAY VILLAGE N #205**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

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

TITLE **D** ☒ Delete
NAME **JUSTISS, DEBBIE**
STREET ADDRESS **1776 R4E TERRACE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☒ Change ☐ Addition
NAME **FEMMINELLA, CONCETTA**
STREET ADDRESS **2 GREENWAY VILLAGE N. #111**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

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

Rosa Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/5

561-784-8235
Daytime Phone #