

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **722711 (9)**  
1. Corporation Name  
**GREENWAY VILLAGE SOUTH ASSOCIATION NO.2, INC.**



Principal Place of Business: **12026 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH FL 33411**  
Mailing Address: **12026 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH FL 33411**

3. Date Incorporated or Qualified: **02/17/1972**  
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1460992</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**AULITA, LISA**  
**12019 W GREENWAY DR**  
**SUITE 107**  
**ROYAL PALM BCH. FL 33411**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, WALTER</b>	1.2 NAME	
STREET ADDRESS	<b>12021 W GREENWAY DR., #106</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PLM BCH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AULITA, LITA</b>	2.2 NAME	<b>LISA (corrected spelling)</b>
STREET ADDRESS	<b>12019 GREENWAY S. CIR.</b>	2.3 STREET ADDRESS	<b>12019 W.GREENWAY DR. #107</b>
CITY-ST-ZIP	<b>ROYAL PLM BCH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALPERT, FLORENCE</b>	3.2 NAME	
STREET ADDRESS	<b>12021 W. GREENWAY DR.</b>	3.3 STREET ADDRESS	<b>300001774043</b>
CITY-ST-ZIP	<b>ROYAL PLM BCH, FL 00000</b>	3.4 CITY-ST-ZIP	<b>-04/10/96--01005--013</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIDA, ANGELO</b>	4.2 NAME	<b>***306.25</b>
STREET ADDRESS	<b>12026 GREENWAY CIR. SO.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PLM BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, PHILLIP</b>	5.2 NAME	<b>TONY GLIGORA</b>
STREET ADDRESS	<b>12026 GREENWAY CIR. SOUTH #103</b>	5.3 STREET ADDRESS	<b>12021 W. GREENWAY DR. #203</b>
CITY-ST-ZIP	<b>ROYAL PALM BCH. FL</b>	5.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL. 33411</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lisa Aulita 3-18-96 793-4717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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4.9