

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/17/1972

4. FEI Number
59-1460992

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, WALTER	
STREET ADDRESS	12021 W GREENWAY DR., #106	
CITY-ST-ZIP	ROYAL PLM BCH, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	AULITA, LISA	
STREET ADDRESS	12019 W. GREENWAY DR. #107	
CITY-ST-ZIP	ROYAL PLM BCH, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ALPERT, FLORENCE	
STREET ADDRESS	12021 W. GREENWAY DR.	
CITY-ST-ZIP	ROYAL PLM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUIDA, ANGELO	
STREET ADDRESS	12026 GREENWAY CIR. SO.	
CITY-ST-ZIP	ROYAL PLM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLIGORA, TONY	
STREET ADDRESS	12021 W. GREENWAY DR. #203	
CITY-ST-ZIP	ROYAL PALM BCH. FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Israel Brownstein	
1.3 STREET ADDRESS	12024 W. Greenway Dr. #201	
1.4 CITY-ST-ZIP	Royal Palm Beach, FL. 33411	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Russ Lantiere	
2.3 STREET ADDRESS	12024 W. Greenway Dr. #204	
2.4 CITY-ST-ZIP	Royal Palm Beach, FL. 33411	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Lisa Aulita* 2-9-98 793-4714

CR2E037 (10/97)