

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90001 019 ****61.25

DOCUMENT # 722711					
1. Entity Name GREENWAY VILLAGE SOUTH ASSOCIATION NO.2, INC.					
Principal Place of Business 12028 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH, FL 33411			Mailing Address 12028 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1460992	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWNSTEIN, ISRAEL 12024 W. GREENWAY DR #204 ROYAL PALM BEACH, FL 33411			Name <i>Lisa Aulita</i> Street Address (P.O. Box Number is Not Acceptable) <i>12019 W GREENWAY DR # 107</i> City <i>Royal Palm Beach</i> FL Zip Code <i>33411</i>		
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 <i>Lisa Aulita me</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARVER, DANIEL		NAME		
STREET ADDRESS	GREEN WAY CIR# 12022 # 101		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AULITA, LISA		NAME		
STREET ADDRESS	12019 W. GREENWAY DR. #107		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH., FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDA, ANGELO		NAME		
STREET ADDRESS	12026 GREENWAY C.R. 9		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMEY, SALLY		NAME		
STREET ADDRESS	12024 W. GREENWAY DR. #206		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIARDULLO, ROSE		NAME		
STREET ADDRESS	12022 W. GREENWAY DR. #104		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FLORENCE AIPERT	
STREET ADDRESS			STREET ADDRESS	12021 BREENWAY CIR.S.	
CITY-ST-ZIP			CITY-ST-ZIP	# 107 ROYAL PALM BEACH, FL. 33411	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lisa Aulita me</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	