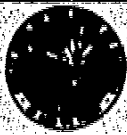


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 19 AM 8:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Candra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731349 (7)
1. Corporation Name GREENWAY VILLAGE RECREATION ASSOCIATION, INC.

Principal Place of Business 200 ROAD C ROYAL PALM BEACH FL 33411-9816	Mailing Address 200 ROAD C ROYAL PALM BEACH FL 33411-9816
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

3. Date Incorporated or Qualified 11/26/1974	3a. Date of Last Report 04/20/1994
4. FBI Number 59-1560903	Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
BERNSTEIN, MORRIS 200 ROAD C. ROYAL PALM BCH 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

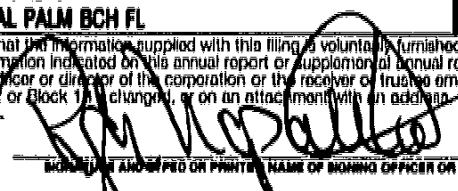
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CAGGIANO, FRANK
STREET ADDRESS	200 ROAD C
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	SD
NAME	RIZZO, WILLIAM
STREET ADDRESS	200 ROAD C
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	PD
NAME	IANNUZZI, DIANA
STREET ADDRESS	200 ROAD C
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	TD
NAME	RUSSO, JOAN
STREET ADDRESS	200 ROAD C
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	D
NAME	BERNSTEIN, MORRIS
STREET ADDRESS	200 ROAD C
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	D
NAME	BARGER, MEL
STREET ADDRESS	200 ROAD C
CITY-ST-ZIP	ROYAL PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SD NAPOLITANO, RALPH
2.3 STREET ADDRESS	200 ROAD C
2.4 CITY-ST-ZIP	ROYAL PALM BCH. FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE:  **4/14/95**
Typed name and typed or printed name of signing officer or director Date Daytime Phone #