

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **747485** (1)
1. Corporation Name
GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
172 DUBLIN DRIVE LAKE MARY FL 32746 US

3. Date Incorporated or Qualified **06/04/1979** 3a. Date of Last Report **03/06/1995**

2. Principal Place of Business 2a. Mailing Address
21 **225 Dublin Drive** 26 **225 Dublin Drive**

4. FEI Number **59-2059327** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 **Lake Mary FL** 28 **Lake Mary FL**

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

Zip Country Zip Country
24 **32746** 25 **US** 29 **32746** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WERT, DEBRA L.
172 DUBLIN DRIVE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent
81 Name **Douglas Shane Dye**
82 Street Address (P.O. Box Number is Not Acceptable) **225 Dublin Drive**
83
84 City **Lake Mary** FL 85 Zip Code **32746**

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: *Douglas Shane Dye* DATE: **3/10/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WERT, JAY D.	
STREET ADDRESS	172 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, HOWARD	
STREET ADDRESS	176 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WERT, SEBRA	
STREET ADDRESS	172 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DYE, SHANE	
STREET ADDRESS	225 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, YVONNE	
STREET ADDRESS	289 DUBLIN DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Debbie Loughman
2.3 STREET ADDRESS	1101 Dublin Drive
2.4 CITY-ST-ZIP	Lake Mary, FL 32746
3.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debbie Janski
3.3 STREET ADDRESS	1108 Dublin Drive
3.4 CITY-ST-ZIP	Lake Mary, FL 32746
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	00000175286
6.2 NAME	-03/25/96 - 01017-001 Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	**\$61.25 M.M.
6.4 CITY-ST-ZIP	3-22-96

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: *Douglas Shane Dye* DATE: **3/10/96** DAYTIME PHONE #: **324-9056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)