


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998.		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 225 DUBLIN DRIVE LAKE MARY FL 32746 US	Mailing Address 225 DUBLIN DRIVE LAKE MARY FL 32746 US
--	--

3. Date Incorporated or Qualified 06/04/1979
4. FEI Number 59-2059327
Applied For Not Applicable

2. Principal Place of Business 21 168 Dublin Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 950293 Suite, Apt. #, etc. 27
City & State 23 Lake Mary FL	City & State 28 Lake Mary FL
Zip 24 32746	Country 25 US
Zip 29 32795	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DYE, DOUGLAS S
225 DUBLIN DRIVE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name Jamie M 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 *Jamie Dye* **2/6/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHMAN, DEBBIE	1.2 NAME	Debbie Jamski
STREET ADDRESS	161 DUBLIN DRIVE	1.3 STREET ADDRESS	168 Dublin Drive
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	Lake Mary FL 32746
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEARINGEN, GEORGIA	2.2 NAME	William Morawa
STREET ADDRESS	209 DUBLIN DRIVE	2.3 STREET ADDRESS	240 Dublin Drive
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	Lake Mary FL 32746
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	Secretary I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, RAYMOND OR LAU	3.2 NAME	Laura O'Grady
STREET ADDRESS	152 DUBLIN DRIVE	3.3 STREET ADDRESS	152 Dublin Drive
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	Lake Mary FL 32746
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYE, SHANE	4.2 NAME	Jamie Dye
STREET ADDRESS	225 DUBLIN DRIVE	4.3 STREET ADDRESS	225 Dublin Drive
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	Lake Mary FL 32746
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	Chairman/Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMSKI, DEBBIE	5.2 NAME	Tom Sessa I
STREET ADDRESS	168 DUBLIN DRIVE	5.3 STREET ADDRESS	184 Dublin Drive
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	Lake Mary FL 32746
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 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: *Jamie Dye* **2/6/98 (407)324-9056**

CP2E037 (10/97)