


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747485</b>			
1. Entity Name <b>GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <i>113 Dublin Drive</i> <del>168 DUBLIN DR</del> LAKE MARY FL 32746 US		Mailing Address P O BOX 950293 LK MARY FL 32795 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CRAMER, JUDY K</b> 113 DUBLIN DR LAKE MARY FL 32746		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b> Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWERS, RENE</b>	NAME	
STREET ADDRESS	<b>110 ERIN CT</b>	STREET ADDRESS	<b>U00000021108</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	CITY-ST-ZIP	<b>01/29/04-80093-023 61.25</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMSKI, DEBBIE</b>	NAME	
STREET ADDRESS	<b>168 DUBLIN DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, JUDY</b>	NAME	
STREET ADDRESS	<b>113 DUBLIN DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LK MARY FL 32746</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOCKIN, ARTHUR</b>	NAME	
STREET ADDRESS	<b>269 DUBLIN DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANFREDI, FRANK</b>	NAME	
STREET ADDRESS	<b>121 ERIN COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



MOORE CR2E037 (11/03)

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

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

12. 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 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** *Judy Cramer* **Judy Cramer** 1-27-04 407-324-7553