


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747485</b>		
1. Entity Name <b>GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>113 DUBLIN DRIVE LAKE MARY, FL 32746 US</b>	Mailing Address <b>P O BOX 950293 LK MARY, FL 32795 US</b>
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01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2059327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CRAMER, JUDY K  
113 DUBLIN DR  
LAKE MARY, FL 32746**

**DO NOT WRITE IN THIS SPACE**

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 Judy Cramer Treasurer Judy Cramer 1-13-05  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWERS, RENE 110 ERIN CT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMSKI, DEBBIE 168 DUBLIN DRIVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAMER, JUDY 113 DUBLIN DR LK MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOCKIN, ARTHUR 269 DUBLIN DRIVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANFREDI, FRANK 121 ERIN COURT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/20/05-80006-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Treasurer 1-13-05 407-324-7553  
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

rd. 1-13-05 # 1910