2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90123 010 ****61.25

13 DUBLIN DRY Filling Foe is \$81.25 Due by May 1, 2076 6. The altone named entity submits this statement for the purpose of changing its registered agent, or both, in the State of registered agent, or both, in the State of registered agent, or both, in the State of Residue of State Services of registered agent, or both, in the State of Residue of State Services of registered agent, or both, in the State of Residue of State Services of registered agent, or both, in the State of Residue of State Services of Residue of Resi	DOCUMENT # 747485 1. Entity Name GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address								01 25 200	00 70123		71.20
Suite, Apt. #, etc. City & State City & St					US				AIRN IRTH BIRTH IBIBL	EIN ALDII BIEN BUT	11. 0 10 11. 0 10 11. 0 3 6 1	((1)
City & State City & State City & State City & State City & State Country Country Country Sp-2059327 Rot Applicable Rot Ap	2. Principal Place of Business 3.		3. Mail	3. Mailing Address								
Signature Sign	Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.						CR2E03		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent North North Street Address of New Registered Agent CRAMER, JUDY K 113 DUBLIN DR LAKE MARY, FL 32746 City FL Zip Code	City & State		Cit								No	t Applicable
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	<u> </u>	Zip Co.		intry					Fee Require		
CRAMER_JUDY K 113 DUBLIN DR LAKE MARY, FL 32746 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature		6. Name and Address of Curren	t Registere	d Agent								
Eity FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or present name of registered agent and title of applicable. (MOTE Registered Agent signature required when remainting) DATE Filling Foe is \$81.25 Due by May 1, 2006 Push Mark check payable to Priorida Department of State Title	113 DUBLIN DR											
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 Filling Foe is \$81.25	LAKE MARY, FL 32746											
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Filling Fee is \$61.25 Due by May 1, 2006 10.	the obligations of registered agent. SIGNATURE											
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Increby certify that the information supplied with this little goes not quality for the earthful contained to the component of 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: