

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90058 041 ****61.25

DOCUMENT # N03000010968

1. Entity Name
GREENWICH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
398 NE 6TH AVE
DELRAY BEACH, FL 33483

Mailing Address
398 NE 6TH AVE
DELRAY BEACH, FL 33483

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1217385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRETAN, NEIL
2096 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name
CAPITAL REALTY ADVISORS, INC
Street Address (P.O. Box Number is Not Acceptable)
600 SANDTREE DRIVE, Ste 109
PALM BEACH GARDENS
City
FL Zip Code
33403

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 *Donna McDonald*

4-10-07

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, TIMOTHY L	
STREET ADDRESS	398 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RICKARD, KEVIN E	
STREET ADDRESS	398 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ORTNER, GABRIELLE	
STREET ADDRESS	398 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin L. Kelly Jr.	
STREET ADDRESS	162 Cat Rock Ln	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrea Northrop	
STREET ADDRESS	272 Quarry Knoll Way	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC WEBER	
STREET ADDRESS	178 GREENWICH CIR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David K. Monsour	
STREET ADDRESS	5500 Military Trail	
CITY-ST-ZIP	Suite 22-346 Jupiter, FL 33458	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Zern	
STREET ADDRESS	401 Schoolhouse Rd	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David K. Monsour* David K. Monsour 4-10-07 339-5980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #