

TALLAHASSEE, FLORIDA
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
 ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED
 95 MAY - 1 AM 10: 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N22002 (2)
 1. Corporation Name
**GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM AS
 SOCIATION, INC.**

Principal Place of Business Mailing Address
12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907 US

2. Principal Place of Business 2a. Mailing Address
21 Gulf Breeze Management Services Gulf Breeze Mgt. Serv.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 10651 Wood Ibis 27 10651 Wood Ibis
 City & State City & State
23 Bonita Springs, FL 28 Bonita Springs, FL
 Zip County Zip County
24 33928 25 Lee 29 33928 30 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/12/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0104230** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199, USFL, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GELLES, ROBERT E.
 C/O MICHAEL FLEMING & ASSOCIATES
 12734 KENWOOD LANE, SUITE 32
 FORT MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name Joseph Adams
82 Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff, P.A.
83 13515 Bell Tower Drive Suite 101
84 City Ft. Myers, FL 85 Zip Code 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Joseph P. Adams *Joseph P. Adams* **April 28, 1995**
Signature, typed or printed name of registered agent if title is acceptable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BRZYCKI, WALTER
STREET ADDRESS	20025 WOLFEL TRAIL
CITY- ST- ZIP	ESTERO FL
TITLE	VD
NAME	PEAVOY, CHARLES
STREET ADDRESS	20061 WOLFEL TRAIL
CITY- ST- ZIP	ESTERO FL
TITLE	D
NAME	LOTURCO, JOSEPH D.
STREET ADDRESS	19850 SOUTH TAMAMI TR
CITY- ST- ZIP	ESTERO FL
TITLE	PD
NAME	HAREDA, TED
STREET ADDRESS	4280 UTE COURT
CITY- ST- ZIP	ESTERO FL
TITLE	TD
NAME	SHIPP, ED
STREET ADDRESS	4284 UTE CT.
CITY- ST- ZIP	ESTERO FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Ray Majerczak
1 3 STREET ADDRESS	20071 Wolfel Trail
1 4 CITY- ST- ZIP	Estero, Florida 33928
2 1 TITLE	D-VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Charles Peavoy
2 3 STREET ADDRESS	20061 Wolfel Trail
2 4 CITY- ST- ZIP	Estero, Florida 33928
3 1 TITLE	D-Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	Walter Brzycki
3 3 STREET ADDRESS	20025 Wolfel Trail
3 4 CITY- ST- ZIP	Estero, Florida 33928
4 1 TITLE	D-Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	John Hinkson
4 3 STREET ADDRESS	20004 Wolfel Trail
4 4 CITY- ST- ZIP	Estero, Florida 33928
5 1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	Joe Quinn
5 3 STREET ADDRESS	20016 Wolfel Trail
5 4 CITY- ST- ZIP	Estero, Florida 33928
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, attached, or on an attachment with an address.

SIGNATURE: Raymond P. Hinkson *Raymond P. Hinkson* **April 28, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

REMITTED BY MAY 1