

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22002 (2)

1. Corporation Name

GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

GULF BREEZE MANAGEMENT SERVICES
10651 WOOD IBIS
BONITA SPRINGS FL 33928
US

GULF BREEZE MGT SERVICES
10651 WOOD IBIS
BONITA SPRINGS FL 33928
US

3. Date Incorporated or Qualified
08/12/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, JOSEPH
BECKER & POLIAKOFF, PA
13515 BELL TOWER DRIVE, STE 101
FT MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Joseph Adams
2/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
NAME **MAJERCZAK, RAY**
STREET ADDRESS **20071 WOLFEL TRAIL**
CITY-ST-ZIP **ESTERO FL**

1.1 TITLE **DP** Change Addition
1.2 NAME **Majerczak, Ray**
1.3 STREET ADDRESS **20071 Wolfel Trail**
1.4 CITY-ST-ZIP **Estero, Florida 33928**

TITLE **DVP** DELETE
NAME **PEAVOY, CHARLES**
STREET ADDRESS **20061 WOLFEL TRAIL**
CITY-ST-ZIP **ESTERO FL**

2.1 TITLE **DVP** Change Addition
2.2 NAME **Peavoy, Charles**
2.3 STREET ADDRESS **20061 Wolfel Trail**
2.4 CITY-ST-ZIP **Estero, Florida 33928**

TITLE **DS** DELETE
NAME **BRZYCKI, WALTER**
STREET ADDRESS **20025 WOLFEL TRAIL**
CITY-ST-ZIP **ESTERO FL**

3.1 TITLE **DT** Change Addition
3.2 NAME **Bishop, Nancy**
3.3 STREET ADDRESS **4230 Ute Court**
3.4 CITY-ST-ZIP **Estero, Florida 33928**

TITLE **DT** DELETE
NAME **HINKSON, JOHN**
STREET ADDRESS **20004 WOLFEL TRAIL**
CITY-ST-ZIP **ESTERO FL**

4.1 TITLE **DS** Change Addition
4.2 NAME **Camp, Frances**
4.3 STREET ADDRESS **4257 Ute Court**
4.4 CITY-ST-ZIP **Estero, Florida 33928**

TITLE **D** DELETE
NAME **QUINN, JOE**
STREET ADDRESS **20016 WOLFEL TRAIL**
CITY-ST-ZIP **ESTERO FL**

5.1 TITLE **D Asst. Sec/Treas** Change Addition
5.2 NAME **Zeoli, Richard**
5.3 STREET ADDRESS **20055 Wolfel Trail**
5.4 CITY-ST-ZIP **Estero, Florida 33928**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Raymond Majerczak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (941) 495-5771
Date Daytime Phone #

CR2E037 (12/95)