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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34135-6748
US

3. Date Incorporated or Qualified
08/12/1987

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 Zip 34135

Country

29 Zip

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)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAJERCZAK, RAY	
STREET ADDRESS	20071 WOLFEL TRAIL	
CITY - ST - ZIP	ESTERO FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PEAVOY, CHARLES	
STREET ADDRESS	20061 WOLFEL TRAIL	
CITY - ST - ZIP	ESTERO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BISHOP, NANCY	
STREET ADDRESS	4230 UTE COURT	
CITY - ST - ZIP	ESTERO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAMP, FRANCES	
STREET ADDRESS	4257 UTE COURT	
CITY - ST - ZIP	ESTERO FL	
TITLE	DAST	<input type="checkbox"/> DELETE
NAME	ZEOLI, RICHARD	
STREET ADDRESS	20055 WOLFEL TRAIL	
CITY - ST - ZIP	ESTERO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Majerczak* 2-17-97 (841) 495-5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080392

CR2E037 (9/96)