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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90036 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N22002 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 34135 US	GULF BREEZE MGT SERVICES 10651 WOOD IBIS BONITA SPRINGS FL 33928 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Gulf Breeze Management	2a Services, Inc.	08/12/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 27725 Old 41, Ste. 206	27 Same	65-0104230
City & State	City & State	Applied For
23 Bonita Springs, FL	28 Same	Not Applicable
Zip	Country	5. Certificate of Status Desired
24 34135	25 USA	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	30
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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 Estelle K. Maurer, CAM 82 Street Address (P.O. Box Number is Not Acceptable) Gulf Breeze Management Services, Inc. 83 27725 Old 41, Suite 206 84 City Bonita Springs FL 85 Zip Code 34135

11. Pursuant to the provisions of Sections 617.0502 and 617.1507, 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 *Estelle K. Maurer* Estelle K. Maurer DATE 2/5/99

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJERCZAK, RAY	1.2 NAME	
STREET ADDRESS	20071 WOLFEL TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVOY, CHARLES	2.2 NAME	
STREET ADDRESS	20061 WOLFEL TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, NANCY	3.2 NAME	Desiree Bowles
STREET ADDRESS	4230 UTE COURT	3.3 STREET ADDRESS	4255 Ute Court
CITY-ST-ZIP	ESTERO FL	3.4 CITY-ST-ZIP	Estero, Florida 33928
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, DALE	4.2 NAME	
STREET ADDRESS	4251 UTE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	4.4 CITY-ST-ZIP	
TITLE	DAST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEOLI, RICHARD	5.2 NAME	
STREET ADDRESS	20055 WOLFEL TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Charles E Peavoy *Charles E Peavoy* (941) 947-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)