

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90154 023 ****61.25

DOCUMENT # N22002

1. Entity Name

GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GULF BREEZE MANAGEMENT SERVICES, INC.
27725 OLD 41, STE 104
BONITA SPRINGS FL 34135
US

% GULF BREEZE MANAGEMENT SERVICES, INC.
27725 OLD 41, STE 104
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0104230

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
13515 BELL TOWER DRIVE, SUITE 101
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name **Estelle K. Shipp**
Gulf Breeze Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
27725 Old 41, Suite 104

City
Bonita Springs

FL

Zip Code
34135

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.

SIGNATURE

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

Estelle K. Shipp

(NOTE: Registered Agent signature required when reinstating)

4/19/2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MANNING, WILLIAM	
STREET ADDRESS	20021 WOLFEL CT.	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEAVOY, CHARLES	
STREET ADDRESS	20061 WOLFEL TRAIL	
CITY-ST-ZIP	ESTERO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWLES, DESIREE	
STREET ADDRESS	4255 UTE CT	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, HOWARD	
STREET ADDRESS	4240 UTE CT	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALLANT, FRANK	
STREET ADDRESS	4224 JACE CT.	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morgan, Allan	
STREET ADDRESS	4263 Ute Court	
CITY-ST-ZIP	Estero, FL 33928	
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 exemption stated in Section 119.07(3)(i), 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:

Charles E. Peavoy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Peavoy

4/19/02 (239) 947-4716

Date Daytime Phone #

UBR0017

CR2E037 (9/01)