

# 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

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:  **Estelle K. Shipp** 4/19/2002

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **MANNING, WILLIAM**  
 STREET ADDRESS **20021 WOLFEL CT.**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BOWLES, DESIREE**  
 STREET ADDRESS **4255 UTE CT**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HALL, HOWARD**  
 STREET ADDRESS **4240 UTE CT**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D**  Change  Addition  
 NAME **Morgan, Allan**  
 STREET ADDRESS **4263 Ute Court**  
 CITY-ST-ZIP **Estero, FL 33928**

TITLE **TD**  Delete  
 NAME **GALLANT, FRANK**  
 STREET ADDRESS **4224 JACE CT.**  
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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** 4/19/02 (239) 947-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UBR0017

CR2E037 (9/01)