


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 047 ****61.25

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| DOCUMENT # N22002 |  |
| 1. Entity Name GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business % GULF BREEZE MGMT SRVCS. OF SW FL, LLC. 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 US | Mailing Address % GULF BREEZE MGMT SRVCS. OF SW FL, LLC. 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
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01062005 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0104230 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WEIDNER, RALPH L GULF BREEZE MGMT SRVCS. OF SW FL, LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. I am familiar with, and accept the obligations of registered agent.

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

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JANSKY, RICHARD 4216 JACE COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, GARY 4262 UTE COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DOTY, JOYCE 20012 WOLFEL TRAIL ESTERO, FL 33928 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUTENKUNST, PHILLIP 4218 UTE COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALLANT, FRANK 4224 JACE CT. ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Laderer, Edward 20028 Wolfel Trail Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brooks, C. Nancy 4212 Ute Court Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Roman, Linda 4220 Jace Court Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Peavoy, Charles E. 20061 Wolfel Trail Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* Charles E. Peavoy 1/24/05 (239) 947-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # vb