


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 008 ****61.25

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| DOCUMENT # N22002 | |  | |
| 1. Entity Name GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC. | | | |
| 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 | |
| 2. Principal Place of Business 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State | | 3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State | |
| Zip | Country | Zip | Country |
| 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) 8910 Terrene Court Suite 200 City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LADERER, EDWARD 20028 WOLFEL TRAIL ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Tudjek, Joseph 20006 Wolfel Trail Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROOKS, NANNY C 4212 UTE COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Klaehn, David 4217 Jace Court Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DOTY, JOYCE 20012 WOLFEL TRAIL ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D Weickelt, John A. 20055 Wolfel Trail Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROMAN, LINDA 4220 JACE COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Migliore, John 20063 Wolfel Trail Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEAVOY, CHARLES E 20061 WOLFEL TRAIL ESTERO, FL 33928 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 exemptions contained in Chapter 119, 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: <i>Charles E Peavoy</i> Charles E. Peavoy | | Date: 1/23/06 | Daytime Phone #: (239) 947-4716 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0104230 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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