



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 001 ****61.25

DOCUMENT # 731349 1. Entity Name GREENWAY VILLAGE RECREATION ASSOCIATION, INC.					
Principal Place of Business 200 ROAD C ROYAL PLAM BEACH, FL 33411-9916			Mailing Address 200 ROAD C ROYAL PLAM BEACH, FL 33411-9916		
2. Principal Place of Business - No P.O. Box # 200 ROAD C		3. Mailing Address 200 ROAD C			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State RYL PLM BCH, FL		City & State RYL PLM BCH, FL		4. FEI Number 59-1560903	
Zip 33411		Country PB		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IANNUZZI, DIANA 6 GREENWAY VLG. N105 ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2008		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	D RIKER, PAUL 3 GREENWAY N 107 WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEMINELLA, CONNIE 2 GREENWAY VLG ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGEL, CATHERINE 111 WEST CT. ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, JOAN 83 EAST CT. ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITZIO, MARILYN 6 GREENWAY ULG N 210 WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBAUM, LARRY 1 GREENWAY ULG WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL RIKER 3 GREENWAY VLG N107 RYL PLM BCH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM SHADEWALD 1 GREENWAY VLG N102 RYL PLM BCH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT PACE 33 EAST COURT RYL PLM BCH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHARIN RISELY 1 GREENWAY VLG N205 RYL PLM BCH, FL 33411	<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: DIANA IANNUZZI 4/7/08 561-337-0096					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					