


Green Cay Village Town Home Association, Inc.

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90160 001 *2,266.25

| | | | |
|--|--|---|--|
| DOCUMENT # N06000008700 | |  | |
| 1. Entity Name GREEN CAY VILLAGE TOWN HOME ASSOCIATION, INC. | | | |
| Principal Place of Business 12270 SW 3RD ST. SUITE 200 PLANTATION, FL 33325 | | Mailing Address 12270 SW 3RD ST. SUITE 200 PLANTATION, FL 33325 | |
| 2. Principal Place of Business - No P.O. Box # 12575 GREEN CAY FARMS BLVD Suite, Apt. #, etc. | | 3. Mailing Address 12575 GREEN CAY FARMS BLVD Suite, Apt. #, etc. | |
| City & State BOYNTON BEACH, FL | | City & State BOYNTON BEACH, FL | |
| Zip 33437 | Country | Zip 33437 | Country |
| 4. FEI Number 20-5826856 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RIEGER, MATTHEW ESQ. 3250 MARY STREET SUITE 500 COCONUT GROVE, FL 33133 | | 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 | PD MATLOF, RICHARD 3250 MARY STREET #500 COCONUT GROVE, FL 33133 <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 | VD CONDOROUSIS, NICK 3250 MARY STREET #500 COCONUT GROVE, FL 33133 <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 | STD PASCUAL, MARILYN 3250 MARY STREET #500 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MARCUS, GREY 2828 CORAL WAY STE 200 CORAL GABLES, FL 33145 <input type="checkbox"/> Change <input checked="" 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 |
| 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 |
| 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>Nick Condorousis, V.P.</i> X | | Date: <i>4/2/08</i> Daytime Phone #: <i>561-638-1622</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |