

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90188 018 \*\*\*\*61.25

0036780

**DOCUMENT # 716123**

1. Entity Name  
**GREENWAY VILLAGE ASSOCIATION NORTH, INC., A COND  
OMINIUM ASSOCIATION**



Principal Place of Business  
**2 GREENWAY VILLAGE NORTH  
#100  
ROYAL PALM BEACH FL 33411**

Mailing Address  
**2 GREENWAY VILLAGE NORTH  
#100  
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business  
**Same**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Same**

City & State  
**Same**

Zip  
**Same**

Country  
**Same**

4. FEI Number **59-1278417**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PELTY, REGINA  
GRAVES, WAYMAN  
2 GREENWAY VILLAGE NORTH  
#100 #100  
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent  
**MARY E ROGERS (Secretary)  
2 Greenway Vlg N #102  
ROYAL PALM BEACH 33411  
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 **Mary E Rogers** DATE **3-27-03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

Make Check Payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	NAME	PELTY, REGINA	<input type="checkbox"/> Delete
STREET ADDRESS	2 GREENWAY VILLAGE NORTH #100-#110			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			
TITLE	DS	NAME	PICCINO, ARMANDO	<input type="checkbox"/> Delete
STREET ADDRESS	2 GREENWAY VILLAGE NORTH #100-205			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			
TITLE	D	NAME	KRAFT CHICK, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	2 GREENWAY VILLAGE NORTH #109			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			
TITLE	D	NAME	PICCINO, ARMANDO	<input type="checkbox"/> Delete
STREET ADDRESS	2 GREENWAY VILLAGE N #205			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			
TITLE	VPD	NAME	SCHADENALD, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1 GREENWAY VLG N #102			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	PELTY, MRS. REGINA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 GREENWAY VLG N #110			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			
TITLE	VPD	NAME	PICCINO, ARMANDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 GREENWAY VLG N #205			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			
TITLE	TD	NAME	MURPHY, MRS. MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 GREENWAY VLG N #103			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			
TITLE		NAME	PICCINO, JOAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 GREENWAY VLG N #205			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			
TITLE		NAME	ROSENBAUM, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 GREENWAY VLG N #211			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE: MARY E ROGERS** DATE: **3-27-03 (56)** DAYTIME PHONE: **795-0680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)