

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721685

**Entity Name:** MORGANWOODS GREENTREE, INC.**Current Principal Place of Business:**18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548**Current Mailing Address:**C/O WISE PROPERTY MANAGEMENT, INC  
18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 US**FEI Number:** 23-7205926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 N. HIGHLAND AVE  
TAMPA, FL 33602 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY
Name	DIAZ, GLORIA
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	ALDRICH, DAVID ALAN
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	PRESIDENT
Name	ROBBINS, CHRISTINE
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	VP
Name	DOSS, RICHARD
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	TREASURER
Name	MEHARRY, CHARLES
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	KRAEMER, TOM
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	PLANTE, MEGAN
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MEGAN PLANTE**DIRECTOR****03/26/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date