

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721685

Entity Name: MORGANWOODS GREENTREE, INC.**Current Principal Place of Business:**17824 N. US HWY 41
LUTZ, FL 33549**Current Mailing Address:**C/O WISE PROPERTY MANAGEMENT, INC
17824 N. US HWY 41
LUTZ, FL 33549 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	DIRECTOR
Name	KODOVA, TANIA A
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	PD
Name	GRAVLIN, JOHN C
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	SECRETARY
Name	HUMES, MADGE
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	DIRECTOR
Name	MEHARRY, CHARLES
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	VP
Name	ROBBINS, CHRISTINE
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	DIRECTOR
Name	ACKER, MICHELE L
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	TREASURER
Name	DIAZ, GLORIA
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

Title	DIRECTOR
Name	HAND, ROSEMARY
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549

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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: JOHN C GRAVLIN**PRESIDENT****04/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KRAEMER, TOM
Address	17824 N. US HWY 41
City-State-Zip:	LUTZ FL 33549