

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22002

FILED
Apr 13, 2019
Secretary of State
3334631932CC

Entity Name: GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWOOD LAKES DR. SUITE 1
FORT MYERS, FL 33913

Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWOOD LAKES DR. SUITE 1
FORT MYERS, FL 33913 US

FEI Number: 65-0104230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NASSOIY, SHERRY K
CORNERSTONE ASSOCIATION MANAGEMENT, INC.
11934 FAIRWOOD LAKES DR. SUITE 01
FORT MYERS, FL 33913 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 PRESIDENT
Name SAWYER, KATHLEEN
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWOOD LAKES DR. SUITE 1

Title VP
Name GORNALL, WILLIAM
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWOOD LAKES DR. SUITE 1

City-State-Zip: FORT MYERS FL 33913

City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name QUATTROCIOCCHI, PETER
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWOOD LAKES DR. SUITE 1

Title TREASURER
Name RIKER, CHARLIES
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWOOD LAKES DR. SUITE 1

City-State-Zip: FORT MYERS FL 33913

City-State-Zip: FORT MYERS FL 33913

Title SECRETARY
Name LOVELAND, BARBARA
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWOOD LAKES DR. SUITE 1

City-State-Zip: FORT MYERS FL 33913

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: KATHLEEN SAWYER

PRESIDENT

04/13/2019

Electronic Signature of Signing Officer/Director Detail

Date