

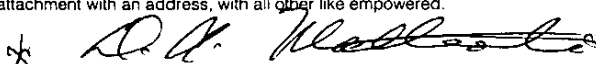


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90001 018 ****61.25

DOCUMENT # 727280 1. Entity Name GREENWAY VILLAGE SOUTH ASSOCIATION NO.3, INC.					
Principal Place of Business 12028 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH, FL 33411 US				Mailing Address 12028 GREENWAY CIRCLE SOUTH ROYAL PALM BEACH, FL 33411 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1499545	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTIOLI, D.A. 12018 GREENWAY CIR SO #103 ROYAL PALM BEACH, FL 33411			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 6, 2006		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	T KOB, DOROTHY <input checked="" type="checkbox"/> Delete		TITLE	ELAINE PLACHTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12014 GREENWAY CIR SO #204 ROYAL Palm Beach, FL 33411	
NAME	KOB, DOROTHY		NAME		
STREET ADDRESS	12013 GREENWAY CIR S #206		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	S THOMAS, SHIRLEY <input type="checkbox"/> Delete		TITLE		
NAME	THOMAS, SHIRLEY		NAME		
STREET ADDRESS	12018 GREEN WAY CIR S #206		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VP/D LEVINE, NATALIE <input type="checkbox"/> Delete		TITLE		
NAME	LEVINE, NATALIE		NAME		
STREET ADDRESS	12017 GREENWAY CIRCLE, SOUTH, SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	D MATTIOLI, MARION <input type="checkbox"/> Delete		TITLE		
NAME	MATTIOLI, MARION		NAME		
STREET ADDRESS	12018 GREENWAY CIR SO #103		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	P/D MATTIOLI, D.A. <input type="checkbox"/> Delete		TITLE		
NAME	MATTIOLI, D.A.		NAME		
STREET ADDRESS	12018 GREENWAY CIR SO #103		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	