2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # 730780** 1. Entity Name GREENSWARD VILLAGE TWO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MANAGEMENT ASSIST 2626 E. COMMERCIAL BLVD #4 FORT LAUDERDALE FL 33308 501 GREENWARD LANE DELRAY BEACH FL 33445 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For 4. FEI Number City & State City & State 59-1577816 Not Applicable Zio Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANAGEMENT ASSIST INC Street Address (P.O. Box Number is Not Acceptable) 2626 E. COMMERCIAL BLVD FORT LAUDERDALE FL 33308 City 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. Wesser V.P. SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Pavable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VO ☐ Change ☐ Addition WE HHE C Defete ANDERSON, GORDON V U00000344463 04/29/05-80136-019 61.25 NAME 501 GREENSWARD LANE #C 101 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY ST-ZIP GHY-ST-7IE Change Addition PΩ ☐ Delete TIME THEE HOVELSON, ROBERT NAME NAME 14800 MINNEHAHA PL STREET ADDRESS STREET ADDRESS WAYZATA MN 55391 CITY-ST-ZIP CITY-ST-7IP STD Change Addition Delete TITLE TITLE GORDON, H. JON NAME NAME 1100 ROUTE 134 STREET ADDRESS STREET ADDRESS SOUTH DENNIS MA 02660 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HUE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TETLE Delete TITLE MAN NAME JIRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dēlete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-78 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)(f), 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.

FILED