

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90025 036 \*\*\*\*61.25

<b>DOCUMENT # 730780</b> 1. Entity Name <b>GREENSWARD VILLAGE TWO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>501 GREENWARD LANE C-201 DELRAY BEACH, FL 33445 US</b>			Mailing Address <b>C/O C.A.M.S. 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1577816</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DOCKER, KRIVOK &amp; STOLOFF, P.A. 1818 AUSTRALIAN AVE., SOUTH #400 WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WHALEN, EDWARD</b> <b>907 FOX PT CIR</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>Edward Whalen</b> <b>451 Greensward Lane #B102</b> <b>Delray Beach, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DULIN, MARGARET</b> <b>401 GREENSWARD LN.</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Margaret Dulin</b> <b>401 Greensward Lane #A202</b> <b>Delray Beach, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HEVELSON, ROBERT</b> <b>501 GREENSWARD LN</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- <b>Susan Siskin</b> <b>551 Greensward Lane #D104</b> <b>Delray Beach, FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARISI, JOSEPH C</b> <b>501 GREENSWOOD LANE</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>H. Jon Gordon</b> <b>401 Greensward Lane #A203</b> <b>Delray Beach, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GORDON, H. JON</b> <b>1100 ROUTE 134</b> <b>SOUTH DENNIS, MA 02660</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>H. Jon Gordon</b> <b>401 Greensward Lane #A203</b> <b>Delray Beach, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GORDON, H. JON</b> <b>1100 ROUTE 134</b> <b>SOUTH DENNIS, MA 02660</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>H. Jon Gordon</b> <b>401 Greensward Lane #A203</b> <b>Delray Beach, FL 33445</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Margaret M. Dulin</u> <span style="float: right;">3/25/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					