

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90041 001 ****61.25

DOCUMENT # 735482 1. Entity Name GREENGLADES CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9365 WEST SAMPLE ROAD STE. #203-A CORAL SPRINGS, FL 33065 US				Mailing Address PO BOX 8506 CORAL SPRINGS, FL 33075 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 59-1684523	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDO MANAGEMENT ALTERNATIVE, INC. 9365 WEST SAMPLE ROAD #203 CORAL SPRINGS, FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WORST, AL PO BOX 8506 CORAL SPRINGS, FL 336075		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLO, ROBERT P.O. Box 8506 CORAL SPRINGS, FL 33075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILBUR, COLETTE PO BOX 8506 CORAL SPRINGS, FL 33075		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BRUCE P.O. BOX 8506 CORAL SPRINGS, FL 33075		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPMAN, JOEL P.O. Box 8506 CORAL SPRINGS, FL 33075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTER, JANE PO BOX 8506 CORAL SPRINGS, FL 33075		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRITILLI, SUSAN PO BOX 8506 CORAL SPRINGS, FL 33075		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORST, SUE P.O. BOX 8506 CORAL SPRINGS, FL 33075		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADBURN, MARY P.O. Box 8506 CORAL SPRINGS, FL 33075	
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:			Date 954-752-4796		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					