

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90383 010 ****61.25

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04182006 Chg-NP CR2E037 (11/05)

DOCUMENT # 741900			
1. Entity Name GREENWOOD CONDOMINIUM ASSOCIATION NO. 2-3, INC.			
Principal Place of Business 1707 GOLF CLUB DR. APT. #5 NORTH FORT MYERS, FL 33903 US		Mailing Address 1707 GOLF CLUB DR. APT. #5 NORTH FORT MYERS, FL 33903 US	
2. Principal Place of Business 1715 GOLF CLUB DR #2		3. Mailing Address 1715 GOLF CLUB DR #2	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State NORTH FORT MYERS, FL		City & State NORTH FORT MYERS, FL	
Zip 33903		Zip 33903	
Country USA		Country USA	
4. FEI Number 59-1760435		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, JANE J 1707 GOLF CLUB DR. #5 NORTH FORT MYERS, FL 33903		7. Name and Address of New Registered Agent Name DOROTHY SIMONETTI Street Address (P.O. Box Number is Not Acceptable) 1715 GOLF CLUB DR #2 NORTH FORT MYERS FL Zip Code 33903	
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 <u>Dorothy Simonetti, Treas.</u> DATE <u>4-21-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	P LOIACONO, MARILYN 1707 GOLF CLUB DR, #4 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RUSSELL, JANE J 1707 GOLF CLUB DR #5 NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS DOROTHY SIMONETTI 1715 GOLF CLUB DR #2 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARDEN, JACK 1715 GOLF CLUB DR #8 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, DOROTHY H 1707 GOLF CLUB DR #2 NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VIOLET PAAR 1707 GOLF CLUB DR #8 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, DUANE 1707 GOLF CLUB DR #4 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHALLENBARGER, ERVENE 1715 GOLF CLUB DR #7 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: <u>Dorothy Simonetti, Treas.</u> <u>4-21-06</u> <u>656-3931</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			