

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741900

FILED
Mar 29, 2011
Secretary of State

Entity Name: GREENWOOD CONDOMINIUM ASSOCIATION NO. 2-3, INC.

Current Principal Place of Business:

1715 GOLF CLUB DR
APT. #2
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

1707 GOLF CLUB DR
APT. #6
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

1715 GOLF CLUB DR
APT. #2
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

P.O. BOX 4540
NORTH FORT MYERS, FL 339184540 US

FEI Number: 59-1760435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMONETTI, DOROTHY
1715 GOLF CLUB DR
#2
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

BARBER, LYNN A
1707 GOLF CLUB DR
#6
NORTH FORT MYERS, FL 33903 US

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.

SIGNATURE: LYNN A. BARBER

03/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HUKOWSKI, PAUL
Address: 1715 GOLF CLUB DRIVE #2
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: T
Name: BARBER, LYNN A
Address: 1707 GOLF CLUB DRIVE #6
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: S
Name: BARDEN, JACK
Address: 1715 GOLF CLUB DRIVE #8
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: VP
Name: STRICKLAND, CAROLYN
Address: 1707 GOLF CLUB DRIVE #3
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: D
Name: GREINER, SHIRLEY
Address: 1715 GOLF CLUB DRIVE #1
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: D
Name: PARR, VIOLET
Address: 1707 GOLF CLUB DRIVE #8
City-St-Zip: NORTH FORT MYERS, FL 33903 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN A. BARBER

T

03/29/2011

Electronic Signature of Signing Officer or Director

Date