

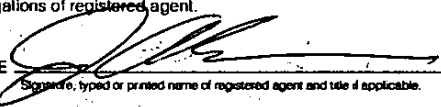
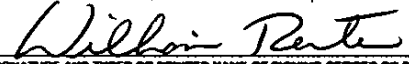


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90110 033 \*\*\*\*61.25

<b>DOCUMENT # 743619</b> 1. Entity Name THE GREENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O S. KUTLIN 6239 GREENVIEW TERRACE BOCA RATON, FL 33433 US				Mailing Address C/O S. KUTLIN 6239 GREENVIEW TERRACE BOCA RATON, FL 33433 US	
2. Principal Place of Business C/O W. REITER Suite, Apt. #, etc. 22904 GREENVIEW TERRACE City & State BOCA RATON FL Zip 33433 Country USA		3. Mailing Address C/O W. REITER Suite, Apt. #, etc. 22904 GREENVIEW TERRACE City & State BOCA RATON FL Zip 33433 Country USA			
02132005 Chg-NP CR2E037 (10/03)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DROSKY, TODD C ESQ GILLESPIE & ALLISON P.A. 1515 S FEDERAL HWY STE 300 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name JOHN CASPER Street Address (P.O. Box Number is Not Acceptable) 22900 GREENVIEW TERRACE BOCA RATON FL 33433 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2/28/05 <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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	DP BRADLEY, PAT 22758 PINWOOD CT BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN CASPER 22900 GREENVIEW BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUTLIN, STANLEY 6239 GREENVIEW TERRACE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL A ZAMPINI 22970 GREENVIEW TERR BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODALL, GRAHAM 6240 GREENVIEW TERRACE BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH PINWOOD CT BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURO, JANET 22782 PINWOOD COURT BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLIAM J REITER 22904 GREENVIEW TERR BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGAN, CHARLES 22920 GREENVIEW TERRACE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY CHARLES T BURGAN 22920 GREENVIEW TERR BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASPER, ANN 22980 GREENVIEW TERRACE BOCA RATON, FL 33433	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2/28/05 5613922740 <small>Date Daytime Phone #</small>		