


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90091 014 \*\*\*\*61.25

<b>DOCUMENT # 747485</b> 1. Entity Name <b>GREENWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>113 DUBLIN DRIVE LAKE MARY, FL 32746 US</b>			Mailing Address <b>P O BOX 950293 LK MARY, FL 32795 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <del>59-2058527</del> <b>59-3072052</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CRAMER, JUDY K 113 DUBLIN DR LAKE MARY, FL 32746</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, 2007</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>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOWERS, RENE <input type="checkbox"/> Delete 110 ERIN CT LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JAMSKI, DEBBIE <input type="checkbox"/> Delete 168 DUBLIN DRIVE LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRAMER, JUDY <input type="checkbox"/> Delete 113 DUBLIN DR LK MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MANFREDI, FRANK <input type="checkbox"/> Delete 121 ERIN COURT LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHNEIDER, GARRY <input type="checkbox"/> Delete 172 DUBLIN DR LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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>					
<b>SIGNATURE:</b> <u>Deborah Jamski</u> <u>2/2/07</u> <u>407-650-1147</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60025013



02202007 Chg-NP CR2E037 (12/06)

ATTACHMENT

60025013

#747485



COPY

Department of the Treasury  
Internal Revenue Service

Date: 2/20/2007

Taxpayer Identification Number  
59-3072052

To NAME GREENWOOD LAKES HOMEOWNERS ASSN INC

ADDRESS PO BOX 950293  
LAKE MARY, FL. 32795

PHONE NO 407-695-4233

FAX NO

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 FROM NAME MRS. S. MCCRAY  
 IRS Covington KY 41011  
 PHONE NO  
 FAX NO 859-669-7114
 

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We received your request today asking us to verify your employer identification number (EIN) and name. Your employer identification number is listed above. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents. We are sending Letter 147C under separate cover, confirming the same information for your permanent file. You should receive this letter within four weeks.

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