


# 2008 NOT-FOR-PROFIT CORPORATION, ANNUAL REPORT

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

06-06-2008 90015 009 \*\*\*\*70.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # 755058</b><br>1. Entity Name<br><b>THE GREENS OF ORLANDO CONDOMINIUM ASSOCIATION, INC.</b>   |   |  |   |                           |  |
| Principal Place of Business<br><b>520 WEST PAR AVENUE<br/>ORLANDO, FL 32804</b>  |   |  | Mailing Address<br><b>520 W PAR ST<br/>ORLANDO, FL 32804 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>520 W. Par St</b>   |   | 3. Mailing Address<br><b>520 W. Par St</b>   |   |  |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |   |  |  |
| City & State<br><b>Orlando, Fla</b>  |   | City & State<br><b>Orlando, Fla</b>  |   | 4. FEI Number<br><b>59-2755157</b>   |  |
| Zip<br><b>32804</b>  |   | Country<br><b>Orange</b>   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>WEAN &amp; MALCHOW, P.A.<br/>646 E COLONIAL DR<br/>ORLANDO, FL 32803</b>   |   | 7. Name and Address of New Registered Agent<br>Name <b>Same</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <u><i>Susan M. Moncrief</i></u> DATE <b>5-23-08</b><br><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<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>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>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>NEEL, BILL</b><br><b>543 YALE STREET</b><br><b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>no additions</b>                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>GIMONDO, LAWERENCE</b><br><b>500 W. PAR STREET</b><br><b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>OR Changes</b>                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>IVEY, ANN</b><br><b>504 W PAR STREET</b><br><b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>MONCRIEF, SUSAN</b><br><b>422 W PAR STREET</b><br><b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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>SIGNATURE: <u><i>Susan M. Moncrief, Treasurer</i></u> 5/23/07 407-625-4461</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |  |  |

60044251



05122008 Chg-NP CR2E037 (12/06)

# ATTACHMENT

60044251

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ASSOCIATION, INC.



Principal Place of Business

520 WEST PAR AVENUE  
ORLANDO FL 32804

Mailing Address

520 W PAR ST  
ORLANDO FL 32804  
US

2. Principal Place of Business - No P.O. Box #

520 W. Par St

3. Mailing Address

Same

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

City & State

Orlando

City & State

Fla.

Zip

32804

Country

ORange

Zip

32804

Country

ORange

4. FEI Number

59-2755157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name



1st MOORE

CR2E037 (10/07)

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