

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90058 019 ****61.25

DOCUMENT # 758143

1. Entity Name
**GREEN STREET TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

% WOODS MANAGEMENT CORPORATION OF FL
2740 WEST 5 AVE.,
HIALEAH, FL 33010

Mailing Address

% WOODS MANAGEMENT CORPORATION OF FL
2740 WEST 5 AVE.,
HIALEAH, FL 33010

40023858



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0188874	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

DELGADO, JOAQUIN R
WOODS MANAGEMENT
2740 WEST 5 AVE.
HIALEAH, FL 33010

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WEBER, RITA
11545 SW 90 ST
MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VILOMAR, VIRGILIO
11555 SW 90 ST.
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEVY, VIOLETTA
11615 SW 90 ST
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #