

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90126 019 ****61.25

DOCUMENT # 758727

1. Entity Name

GREENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**620 GREENWOOD VILLAGE BLVD.
W MELBOURNE FL 32904**

Mailing Address

**620 GREENWOOD VILLAGE BLVD.
W MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2357089

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

**WEAN, PAUL L ESQ
C/O WEAN & MALCHOW, P.A.
646 E COLONIAL DR
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, the above named entity, submit 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | BOWIN, ROBERT L |
| STREET ADDRESS | 9015-A SCARSDALE CT |
| CITY-ST-ZIP | MELBOURNE FL 32904 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | PD |
| STREET ADDRESS | ROSE, ELMER H JR |
| CITY-ST-ZIP | 637-A GREENWOOD VILLAGE BLVD W MELBOURNE FL 32904 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D |
| STREET ADDRESS | FAULKNER, HELEN J |
| CITY-ST-ZIP | 9047 D YORK LANE WEST MELBOURNE FL 32904 |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | VD |
| STREET ADDRESS | ROBERTS, FREDERICK A |
| CITY-ST-ZIP | 9012E BRIGHTON CT WEST MELBOURNE FL 32904 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | SD |
| STREET ADDRESS | GASTON, ZELLA M |
| CITY-ST-ZIP | 9020 D BRIGHTON CT WEST MELBOURNE FL 32904 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | T |
| STREET ADDRESS | JUSTICE, JIMMY D. |
| CITY-ST-ZIP | 607-A ST. ALBANS CT. W. MELBOURNE FL |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vice President/D |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE *Elmer Rose* **Elmer Rose, President 2/20/06 321 727-3522**