

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

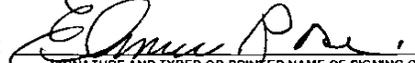
04-20-2007 90087 025 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2357089	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAN, PAUL L ESQ C/O WEAN & MALCHOW, P.A. 646 E COLONIAL DR ORLANDO FL 32803			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	VPD BOWIN, ROBERT L 9015-A SCARSDALE CT MELBOURNE FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROSE, ELMER H JR 637-A GREENWOOD VILLAGE BLVD W MELBOURNE FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FAULKNER, HELEN J 9047 D YORK LANE WEST MELBOURNE FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ROBERTS, FREDERICK A 9012E BRIGHTON CT WEST MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy D. Price 9027-D York Lane West Melbourne, FL 32904	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GASTON, ZELLA M 9020 D BRIGHTON CT WEST MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clinton Hansen 9002-A Brighton Court West Melbourne, FL 32904	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T JUSTICE, JIMMY D. 607-A ST. ALBANS CT. W. MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/06)

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:  President 4/13/07 (321) 727-3522