


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90041 041 \*\*\*\*61.25

<b>DOCUMENT # 758727</b> 1. Entity Name <b>GREENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>620 GREENWOOD VILLAGE BLVD. W MELBOURNE, FL 32904</b>			Mailing Address <b>620 GREENWOOD VILLAGE BLVD. W MELBOURNE, FL 32904</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2357089</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEAN, PAUL L ESQ C/O WEAN &amp; MALCHOW, P.A. 646 E COLONIAL DR ORLANDO, FL 32803</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.				State of Florida	
SIGNATURE: _____ (NOTE: Registered Agent signature required when reissuing)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWIN, ROBERT L 9015-A SCARSDALE CT MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Noren 9040-E Manchester Lane West Melbourne, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAULKNER, HELEN J 9047 D YORK LANE WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, TIMOTHY D 9027 D YORK LN WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, CLINTON 9002 A BRIGHTON CT WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUSTICE, JIMMY D. 607-A ST. ALBANS CT. W. MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:</b> _____, President			4/1/08 (321) 727-3522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		