

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759238** (9)
1. Corporation Name
GREENVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1025 CAPRI ISLES BLVD SUITE 25 VENICE FL 34292 US	Mailing Address 1025 CAPRI ISLES BLVD SUITE 25 VENICE FL 34292-1558 US
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2. Principal Place of Business 21 1025 CAPRI ISLES BLVD Suite, Apt. #, etc. 22 SUITE 25 City & State 23 VENICE FL. Zip 24 34292	2a. Mailing Address 26 1025 CAPRI ISLES BLVD Suite, Apt. #, etc. 27 SUITE 25 City & State 28 VENICE FL Zip 29 34292	Country 25 US	Country 30 U.S.
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3. Date Incorporated or Qualified 07/21/1981	3a. Date of Last Report 04/09/1996
4. FEI Number 59-2238330	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**LOUFORD, BARBARA
1023 CAPRI ISLES BLVD
UNIT 3
VENICE FL 34292**

10. Name and Address of New Registered Agent
**81 Name
ADRIAN VANDENBERG
82 Street Address (P.O. Box Number is Not Acceptable)
1027 CAPRI ISLES BLVD.
83 #19
84 City
VENICE FL 85 Zip Code
34292**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ADRIAN VANDENBERG** **4/8/97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TD	LOU FORD, BARBARA 1023 CAPRI ISLES BLVD #3 VENICE FL	1.1 TITLE ☒ Change ☒ Addition JOANN IRWIN
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS 1023 CAPRI ISLES BLVD
CITY-ST-ZIP		1.4 CITY-ST-ZIP VENICE, FL. 34292
TITLE VPD	DELSIE, BRUCE A 1021 CAPRI ISLES #12 VENICE FL	2.1 TITLE ☐ Change ☒ Addition BERNARD ARCHER VPD
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS 605 CASTLEBAR DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP ROCHESTER HILLS, MI 48309
TITLE PD	BARACCO, CHARLES 113 HUNTSHILL RD SOLVAY NY	3.1 TITLE ☐ Change ☒ Addition ADRIAN VANDENBERG
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS 1027 CAPRI ISLES BLVD #19
CITY-ST-ZIP		3.4 CITY-ST-ZIP VENICE FL. 34292
TITLE DS	FAHL, JUDITH K 1027 CAPRI ISLES BLVD., #19 VENICE FL	4.1 TITLE ☐ Change ☐ Addition LOU FORD, BARBARA
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS 1023 CAPRI ISLES BLVD #3
CITY-ST-ZIP		4.4 CITY-ST-ZIP VENICE FL. 34292
TITLE D	BRACY, JILL P O BOX 144 N/A YORK HARBOR MA	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **ADRIAN VANDENBERG** **4/8/97**

CR2E037 (9/96)