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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT # 759238

1. Corporation Name

GREENVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1025 CAPRI ISLES BLVD SUITE 25 VENICE FL 34292 US	1025 CAPRI ISLES BLVD SUITE 25 VENICE FL 34292 US

2. Principal Place of Business 21 200 Capri Isles Blvd	2a. Mailing Address 26 200 Capri Isles Blvd	3. Date Incorporated or Qualified 07/21/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2238330 ☐ Applied For ☐ Not Applicable
City & State 23 Venice FL	City & State 28 Venice, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34292 25 USA	Zip / Country 29 34292 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

VANDENBERG, ADRIAN
1027 CAPRI ISLES BLVD
#19
VENICE FL 34292

10. Name and Address of New Registered Agent

31 Name: Palm Realty Of Venice, Inc.
32 Street Address (P.O. Box Number is Not Acceptable): 200 Capri Isles Blvd.
33
34 City: Venice, FL 35 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: Debbie Green Debbie Green Condominium Manager 10/29/99
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	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, JOANN		1.2 NAME		
STREET ADDRESS	1023 CAPRI ISLES BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARCHER, BERNARD		2.2 NAME		
STREET ADDRESS	605 CASTLEBAR DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER HILLS MI		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARACCO, CHARLES		3.2 NAME		
STREET ADDRESS	113 HUNTSHILL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOLVAY NY		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VANDENBERG, ADRIAN		4.2 NAME		
STREET ADDRESS	1027 CAPRI ISLES BLVD, #19		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRACY, JILL		5.2 NAME		
STREET ADDRESS	1027 CAPRI ISLAND BLVD, #24		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Deborah H Grent SIGNATURE REQUIRED 4-26-99 941-484-8670 AD
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

Deborah H Grent
President
Charles Baracco