

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759238

FILED
Apr 03, 2006
Secretary of State

Entity Name: GREENVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1025 CAPRI ISLES BLVD # 25
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

1025 CAPRI ISLES BLVD # 25
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 59-2238330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THONER, BARBARA
1027 CAPRI ISLES BLVD
#21
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FORD, BARBARA
Address: 1023 CAPRI ISLES BLVD #3
City-St-Zip: VENICE, FL 34292

Title: V () Delete
Name: DASSAU, JOANNE
Address: 1023 CAPRI ISLES BLVD. #1
City-St-Zip: VENICE, FL 34292

Title: P () Delete
Name: YOUNG, GEORGE
Address: 123 PEACH ROAD
City-St-Zip: EVERS HAM, NJ 080537028

Title: SD () Delete
Name: THONER, BARBARA
Address: 1023 CAPRI ISLES BLVD., #21
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: POUPARD, CHARLES
Address: 217 HAGEN RD
City-St-Zip: CAPE MAY COURT HOUSE, NJ 08210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: IRWIN, JO ANN
Address: 1023 CAPRI ISLES BLVD. #4
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FORD

T

04/03/2006

Electronic Signature of Signing Officer or Director

Date