

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90011 029 ****61.25

DOCUMENT # 759238 1. Entity Name GREENVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1025 CAPRI ISLES BLVD # 25 VENICE FL 34292 US			Mailing Address 1025 CAPRI ISLES BLVD # 25 VENICE FL 34292 US		
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	4. FEI Number 59-2238330	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRWIN, JOANN 1023 CAPRI ISLES BLVD #4 VENICE FL 34292			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>JoAnn Irwin</u> Signature, typed or printed name of registered agent and state if applicable. <u>4-1-08</u> DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	TD FORD, BARBARA 1023 CAPRI ISLES BLVD #3 VENICE FL 34292 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Irwin, JoAnn 1023 Capri Isles Blvd., #4 Venice, FL 34292 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRWIN, JO ANN 1023 CAPRI ISLES BLVD. #4 VENICE FL 34292 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tower, Mark 1809 Sage Dr. Normal, IL 61761 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, GEORGE 123 PEACH ROAD EVERSHAM NJ 08053-7028 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THONER, BARBARA 1023 CAPRI ISLES BLVD., #21 VENICE FL 34292 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vandenberg, Adrian 123 Sherwood Dr. Hilton, NY 14468 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POUPARD, CHARLES 217 HAGEN RD CAPE MAY COURT HOUSE NJ 08210 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Webster, Larry 6651 S. Sprague Rd. Columbus, IN 47201 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>George Young</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>George Young</u> Date		
SIGNATURE: <u>George Young</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4-1-08</u> Date		