


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90047 046 ****61.25

DOCUMENT # 759860					
1. Entity Name GREENWOOD LAKES - UNIT 3 HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 953184 LAKE MARY, FL 32795-3184		Mailing Address PO BOX 953184 LAKE MARY, FL 32795-3184			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENNETT, EVELINE 413 LAKESHORE DRIVE LAKE MARY, FL 32746			Name <i>Sandra V. Dean</i> Street Address (P.O. Box Number is Not Acceptable) <i>404 Lakeshore Dr</i> City <i>Lake Mary</i> FL Zip Code <i>32746</i>		
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 <i>Sandra V. Dean</i>		Treasurer		DATE <i>4-11-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACK, KAUFMAN		NAME	<i>Same</i>	
STREET ADDRESS	521 LAKESHORE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, EVELINE		NAME	<i>Same</i>	
STREET ADDRESS	413 LAKESHORE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AKUS, BRIAN		NAME	<i>ARO-Deed</i>	
STREET ADDRESS	464 LAKESHORE DR		STREET ADDRESS	<i>Larry Harris</i>	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	<i>433 Lakeshore Dr</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDY, DEAN		NAME	<i>Same</i>	
STREET ADDRESS	404 LAKESHORE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DONAHUE, JOHN		NAME	<i>Craig Trout</i>	
STREET ADDRESS	332 BUTTONWOOD DR.		STREET ADDRESS	<i>410 Lakeshore Dr</i>	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATCHFORD, BILL		NAME	<i>Block Captain</i>	
STREET ADDRESS	441 LAKESHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>	
12. 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 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: <i>Sandra V. Dean</i>		Date <i>3-28-05</i>		Daytime Phone # <i>401-328-6352</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Sandra V. Dean</i>					