

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 017 ****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**

50008510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
74-2004853

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEAN, SANDRA V
 404 LAKESHORE DR
 LAKE MARY, FL 32746**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACK, KAUFMAN	
STREET ADDRESS	521 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BENNETT, EVELINE	
STREET ADDRESS	413 LAKESHORE CIRCLE	Same
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	ARB V.P.	<input type="checkbox"/> Delete
NAME	HARRIS, LARRY	
STREET ADDRESS	433 LAKESHORE DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDY, DEAN	Same
STREET ADDRESS	404 LAKESHORE DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	Pres.	<input type="checkbox"/> Delete
NAME	TROUP, CRAIG	
STREET ADDRESS	461 LAKESHORE DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	BC	<input checked="" type="checkbox"/> Delete
NAME	RATCHFORD, BILL	
STREET ADDRESS	441 LAKESHORE DR.	
CITY-ST-ZIP	LAKE MARY, FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ARB - Neighborhood Watch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crew, Gene	
STREET ADDRESS	413 Lakeshore Dr	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	Dawn Townsend	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	217 Buttonwood Dr Social	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Larry	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jim Damples ARB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	782 Glenwood Dr.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Troup, Craig	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra Dean
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.06 407-328-6352
 Date Daytime Phone #