


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90008 037 \*\*\*\*61.25

<b>DOCUMENT # 759860</b>					
1. Entity Name <b>GREENWOOD LAKES - UNIT 3 HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 953184 LAKE MARY, FL 32795-3184</b>			Mailing Address <b>PO BOX 953184 LAKE MARY, FL 32795-3184</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>74-2004853</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DEAN, SANDRA V</b> <b>404 LAKESHORE DR</b> <b>LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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><i>Sandra V. Dean</i></u>			DATE <u>3-23-07</u>		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARB CREW, GENE 473 LAKESHORE DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wendy Woods <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 405 Lakeshore Dr. Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BENNETT, EVELINE 413 LAKESHORE CIRCLE LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, LARRY 433 LAKESHORE DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Demartini <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 442 Lakeshore Dr. Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDY, DEAN 404 LAKESHORE DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROUP, CRAIG 461 LAKESHORE DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry Harris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 432 Lakeshore Dr Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARB SAMPLES, TIM 785 GLENWOOD DR LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joann Martinez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 794 Glenwood Dr. Lake Mary, FL 32746	
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: <u><i>Sandra V. Dean</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Sandra V. Dean</u>		
			Date <u>3-23-07</u>		
			Daytime Phone # <u>401-328-6352</u>		