

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765179

FILED
Mar 20, 2009
Secretary of State

Entity Name: GREENVIEW VILLAS CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEW-HEART COMMUNITY MGT
2706 ALT US 19 N - SUITE 215
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

C/O NEW-HEART COMMUNITY MGT
2706 ALT US 19 N - SUITE 215
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2225855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLENWOOD, WINFRED
C/O NEW-HEART COMMUNITY MGT
2706 ALT US 19 N - SUITE 215
PALM HARBOR, FL 34683 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: PD () Delete
Name: ETHERIDGE, WALTER
Address: 1087-D TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: SHINNEBARGER, MONICA
Address: 1021-C TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: SHINNEBARGER, GAIL
Address: 1021-C TARTAN DR.
City-St-Zip: PALM HARBOR, FL

Title: D () Delete
Name: KELLER, NICK
Address: 1087-B TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Delete
Name: MORENO, RAMON
Address: 1043-A TARTAN DR.
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: HOOPES, RAE
Address: 1021 D TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: SD (X) Change () Addition
Name: FLEMING, MARY
Address: 1087 C TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Change () Addition
Name: MORENA, RAMON
Address: 1043 A TARTAN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: VP/T (X) Change () Addition
Name: KELLER, NICK
Address: 1087-B TARTAN DR
City-St-Zip: PALM HARBOR, FL 34684

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

I hereby certify that the information supplied with this filing does not qualify 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: WINFRED E. ELLENWOOD

MGR

03/20/2009

Electronic Signature of Signing Officer or Director

Date