

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90101 013 ****61.25

DOCUMENT # 768014

1. Entity Name
GREENWOOD FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**ROUTE 1 BOX 472
MOORE HAVEN FL 33471**

Mailing Address

**ROUTE 1 BOX 472
MOORE HAVEN FL 33471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1202102**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDRY, JOEL
ROUTE 1, BOX 472
MOORE HAVEN FL 33471**

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

3-13-2003

FILE NOW: FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	HENDRY, JOEL	
STREET ADDRESS	ROUTE 1, BOX 472	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LAZZARI, AUGUSTA	
STREET ADDRESS	ROUTE 1, BOX 472	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CADDY, WILLIAM	
STREET ADDRESS	ROUTE 1, BOX 472	
CITY-ST-ZIP	MOORE HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Augusta Lazzari **RECEIVED** **2-13**

863-
983-8070

CR2E037 (10/02)