

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90139 003 ****61.25

DOCUMENT # 771255

1. Entity Name

GREENVIEW COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461
US

Mailing Address

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2371444

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

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461

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 resigning)

DATE

FILE NOW: 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	PD	<input type="checkbox"/> Delete
NAME	GALVEZ, JULIO	
STREET ADDRESS	2176 SUNDERLAND AVE.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDESPINO, KENNETH	
STREET ADDRESS	2037 HENLEY PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEUERMAN, GLENN	
STREET ADDRESS	2120 SUNDERLAND AVE.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JERGENSEN, GLENN	
STREET ADDRESS	2327 NEWBURY DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROTEAU, JULES	
STREET ADDRESS	13151 HALIFAX CT	
CITY-ST-ZIP	WELLINGTON FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	EWING, ROBERT	
STREET ADDRESS	2055 HENLEY PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEUERMAN, GLENN	
STREET ADDRESS	2120 SUNDERLAND AVE.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGUORI, SKIP	
STREET ADDRESS	2001 HENLEY PLACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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 Section 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:

X Julio S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

Date

561-753-6819

Daytime Phone #