

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90125 012 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2371444**

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

7. Name and Address of New Registered Agent

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

Name  
**EDWARD DICKER ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**1818 Australian Ave. South**

Suite 400

City  
**West Palm Beach FL** Zip Code  
**33409**

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 *Edward Dicker*

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD VALDESPINO, KEN 2037 HENLEY PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTILLO, ARMANDO 2267 GREENVIEW COVE DR. WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANGREMOND, DALE 2162 HENLEY PLACE WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIGUORI, SKIP 2001 HENLEY PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, VICTORIA 2155 GREENVIEW COVE DR. WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWING, ROBERT 2055 HENLEY PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDESPINO, KEN 2037 HENLEY PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EWING, ROBERT 2055 HENLEY PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGUORI, SKIP 2001 HENLEY PLACE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARA, LOUIS 2037 SUNDERLAND AVE. WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, ANGELA 2372 SUNDERLAND AVE. WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth E. Waller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

Date

561-791-9084

Daytime Phone #