

# ANNUAL REPORT (AR)

DOCUMENT # N02000003019

1. Entity Name

GREENWOOD NO.4 CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

1723 GOLF CLUB DR  
N FT MYERS FL 33903

Mailing Address

1723 GOLF CLUB DR  
N FT MYERS FL 33903

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 (10/04)

4. FEI Number

04-3672636

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

DEBOEST, RICHARD D II  
1415 HENDRY ST  
FT MYERS FL 33901

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

D ☐ Delete  
O'CONNELL, HELENE  
1723 GOLF CLUB DR UNIT 8  
NORTH FORT MYERS FL 33903

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D ☐ Delete  
MANNING, MARY  
1723 GOLF CLUB DR UNIT 5  
N FT MYERS FL 33903

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D ☐ Delete  
SPIHER, GWEN  
1723 GOLF CLUB DR UNIT 1  
N FT MYERS FL 33903

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D ☐ Delete  
HOLMQUIST, MARGIE  
1723 GOLF CLUB DR UNIT 3  
NORTH FORT MYERS FL 33903

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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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:

*Gwen E. Spiher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-05 239-997-9695