

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

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 003 ****61.25

DOCUMENT # N02000003019

1. Entity Name

GREENWOOD NO.4 CONDOMINIUM ASSOCIATION, INC.



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 (10/05)

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, 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	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, HELENE	
STREET ADDRESS	1723 GOLF CLUB DR UNIT 8	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNING, MARY	
STREET ADDRESS	1723 GOLF CLUB DR UNIT 5	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPIHER, GWEN	
STREET ADDRESS	1723 GOLF CLUB DR UNIT 1	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMQUIST, MARGIE	
STREET ADDRESS	1723 GOLF CLUB DR UNIT 3	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1723 GOLF CLUB DR, UNIT 6	
STREET ADDRESS	N. FT. MYERS, FL 33903	
CITY-ST-ZIP	MARY DUNA	
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		
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:

Gwen Spiher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

239-997-9695

Date

Daytime Phone #