

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

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



**DO NOT WRITE IN THIS SPACE**

03292007 No Chg-NP

CR2E037 (4/06)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
DUNA, MARY  
STREET ADDRESS  
1723 GOLF CLUB DR. UNIT 6  
CITY-ST-ZIP  
NORTH FORT MYERS, FL 33903

TITLE  
NAME  
D  
HOLMQUIST, MARGIE  
STREET ADDRESS  
1723 GOLF CLUB DR UNIT 3  
CITY-ST-ZIP  
NORTH FORT MYERS, FL 33903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000690854  
04/12/07-80006-025 61.25

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: *Margie P. Holmquist*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07 239-656-2886  
Date Daytime Phone #