

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000003019

1. Entity Name

GREENWOOD NO.4 CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

1723 GOLF CLUB DR  
N FT MYERS FL 33903

#3

Mailing Address

1723 GOLF CLUB DR  
N FT MYERS FL 33903

#3



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3672636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/08)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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: Reg. stored Agent signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 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

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

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
000000957524 ☐ Change ☐ Addition  
STREET ADDRESS  
08/11/08-80004-020 61.25  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 L. Holmquist

Aug 4, 08

656-2884