2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

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ANNOAL REPORT	
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GREENBROOK WALK CONDOMINIUM ASSOCIATION, 4000/440 Principal Place of Business Mailing Address 2870 SCHARER DR. 2870 SCHERER DR 100 SUITE 100 TAMPA, FL 33629 SAINT PETERSBURG, FL 33716 2. Principal Place of Business - No P.O. Box # Mailing Address PO.BOX 110156 SKIP Jack Suite, Apt. #, etc. Suite, Apt. #, etc. 04192008 CR2E037 (12/06) 4. FEI Number 20-2192910 City & State Applied For anles Not Applicable Zip 34108 Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COTLERILL, RONALD E Street Address (P.O. Box Number is Not Acceptable) 1010 N. FLORIDA AVE. TAMPA, FL 33601 Zip Code 3417 Naples 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 _ (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE Addition weiss Fredie terrace ANDREWS, DAN NAME NAME STREET ADDRESS 14847 SKIP JACK LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-7IP City-St-7IP akerooo d TITLE Belete TITLE HENSLEY, ALAN NAME NAME 14257 TRIPLE TAIL CT. STREET ADDRESS STREET ADDRESS CITY ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP Lakewood TITLE Doi:ete TITLE MAS Addition White William D. P.O. BOX 110156 MAGUSSOM, CAROLINE NAME NAME STREET ADDRESS 14855 SKIP JACK LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP Naples, Fr 34108 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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,