

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

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

04-27-2006 90152 022 ****61.25

DOCUMENT # N05000008949

1. Entity Name

GREENSIDE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

~~7156 SHADY GROVE WAY~~
~~TALLAHASSEE FL 32312~~

Mailing Address

~~7156 SHADY GROVE WAY~~
~~TALLAHASSEE FL 32312~~



2. Principal Place of Business

310-320 BLOUNT STR.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 3803

1st MOORE

CR2E037 (10/05)

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32301

Country

Zip

32315-3803

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOULOS, ANTOINE

~~7156 SHADY GROVE WAY~~
~~TALLAHASSEE FL 32312~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

310-320 BLOUNT STR. SUITE 108

City TALLAHASSEE

FL

Zip Code 32301

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	PD	<input type="checkbox"/> Delete
NAME	BOULOS, ANTOINE	
STREET ADDRESS	405 ALL SAINTS STREET #1	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOULOS, MICHEL	
STREET ADDRESS	7156 SHADY GROVE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	STD	<input type="checkbox"/> Delete
NAME	BOULOS, HADI	
STREET ADDRESS	7156 SHADY GROVE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<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
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STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

850-556-6660