

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008700

FILED
Feb 23, 2009
Secretary of State

Entity Name: GREEN CAY VILLAGE TOWN HOME ASSOCIATION, INC.

Current Principal Place of Business:

12575 GREEN CAY FARMS BLVD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

12575 GREEN CAY FARMS BLVD
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-5826856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEGER, MATTHEW ESQ.
3250 MARY STREET
SUITE 500
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATLOF, RICHARD
Address: 3250 MARY STREET #500
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete
Name: CONDOROUSIS, NICK
Address: 3250 MARY STREET #500
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD () Delete
Name: MARCUS, GREY
Address: 2828 CORAL WAY STE 200
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENWOOD, JASON
Address: 3250 MARY STREET #500
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD (X) Change () Addition
Name: MAIER, CJ
Address: 3250 MARY STREET #500
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD (X) Change () Addition
Name: MARCUS, GREG
Address: 2828 CORAL WAY STE 200
City-St-Zip: CORAL GABLES, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/23/2009

Electronic Signature of Signing Officer or Director

Date