

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90328 046 \*\*\*\*61.25

**DOCUMENT # N12615**

1. Entity Name  
**GREENWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 US**

Mailing Address  
**C/O SAND CASTLE MGMT.  
PO BOX 8478  
NAPLES, FL 34101-8478 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2629408**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDCASTLE COMMUNITY MANAGEMENT, INC.  
NANCY WINKLER  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109**

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: Registered Agent signature required when reinstating)

DATE

**Filing 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  
NAME BACZENSKI, JACKIE ☒ Delete  
STREET ADDRESS 2632 KINGS LAKE BLVD #1-201  
CITY-ST-ZIP NAPLES, FL 34112

TITLE TD  
NAME LANGLOIS, LEO ☒ Delete  
STREET ADDRESS 2694 KINGS LAKE BLVD.  
CITY-ST-ZIP NAPLES, FL

TITLE SD  
NAME ACETO, SUSAN ☐ Delete  
STREET ADDRESS 2610 KINGS LAKE BLVD #2-102  
CITY-ST-ZIP NAPLES, FL 34112

TITLE D  
NAME DANIEWSKI, DOLORES ☐ Delete  
STREET ADDRESS 2612 KINGS LAKE BLVD #2-103  
CITY-ST-ZIP NAPLES, FL 34112

TITLE VD  
NAME VOGRIN, JOHN ☒ Delete  
STREET ADDRESS 2722 KNIGS LAKE BLVD.  
CITY-ST-ZIP NAPLES, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Mike Hurley  
STREET ADDRESS 2632 Kings Lake Blvd. #3-204  
CITY-ST-ZIP Naples, FL 34112

TITLE TD ☐ Change ☒ Addition  
NAME Lynn Reese  
STREET ADDRESS 2758 Kings Lake Blvd #2-104  
CITY-ST-ZIP Naples, FL 34112

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

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

TITLE ☐ Change ☒ Addition  
NAME Joseph Campo  
STREET ADDRESS 2738 Kings Lake Blvd. #10-102  
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Change ☐ 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06

239-596-7200