

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90076 040 ****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
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40062635



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

03212007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2629408		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 *Nancy Winkler* *NANCY WINKLER* *4/6/07*
Signature, type 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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, MIKE	NAME	
STREET ADDRESS	2632 KINGS LAKE BLVD 3-204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, LYNN	NAME	
STREET ADDRESS	2758 KINGS LAKE BLVD 8-104	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACETO, SUSAN	NAME	D JOHN VOGRIN
STREET ADDRESS	2610 KINGS LAKE BLVD #2-102	STREET ADDRESS	2772 KINGS LAKE BLVD, #9-103
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEWSKI, DOLORES	NAME	VD TOM MARONI
STREET ADDRESS	2612 KINGS LAKE BLVD #2-103	STREET ADDRESS	2748 KINGS LAKE BLVD #10-203
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPO, JOSEPH	NAME	SD
STREET ADDRESS	2738 KINGS LAKE BLVD 10-102	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Lynn Reese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 *239-596-7200*
Date Daytime Phone #