

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12615

FILED
Mar 30, 2012
Secretary of State

Entity Name: GREENWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

New Principal Place of Business:

400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109 US

Current Mailing Address:

1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

New Mailing Address:

400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109 US

FEI Number: 59-2629408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, TRAVOR
C/O SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

NORMAN, GLORIA
C/O SANDCASTLE COMMUNITY MANAGEMENT
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109 US

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: GLORIA NORMAN

03/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: FLAVIN, DONNA
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: TD
Name: CAMPO, JOSEPH
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: PD
Name: MARONI, THOMAS J
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: SD
Name: MAICHACK-SNOW, ELEANOR
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: D
Name: BATISTA, ROY
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR MAICHACK-SNOW

SD

03/30/2012

Electronic Signature of Signing Officer or Director

Date