2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # N12742** 04-13-2006 90283 027 ****61.25 GREENHAVEN UNIT ONE ASSOCIATION, INC. Mailing Address Principal Place of Business 1050 A E. LAKE WORDS PARKWAY 60027798 1050 A E. LAKE WORDS PARKWAY OLDSMAR, FL 34677 US OLDSMAR, FL 34677 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 01062006 CR2E037 (11/05) Chg-NP Suite, Apt. #, etc. 4. FEI Number 59-2624113 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCANNAVINO, DOMINICK Street Address (P.O. Box Number is Not Acceptable) 1050A E. WOODLANDS PKWY OLDSMAR, FL 34677 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 DATE (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change XX Addition ☐ Delete TITLE TD TITLE SILVER, LARRY NAME BAZZONE, TOM 90 GREENHAVEN CIRCLE NAME STREET ADDRESS 130 GREENHAVEN CIR STREET ADDRESS OLDSMAR, CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Change **X** Addition 🔀 Delete TIT1 F 52 TITLE FUSARI, RICK DE GREENHAVEN CIRCLE HARTMAN, STEFANIE NAME NAME STREET ADDRESS 165 GREENHAVEN CIRCLE STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME GLENN, RICHARD NAME STREET ADDRESS 30 GREENHAVEN CIRCLE STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Change ■ Addition Delete TITLE VD TITLE NAME BREAUX, TIMOTHY NAME STREET ADDRESS 60 WINDRUSH COURT STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME DINARDO, TONY NAME STREET ADDRESS 30 GREENHAVEN CIRCLE STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #