

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16280

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MT. GREENWOOD COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4962 N. PALM AVENUE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 677307  
ORLANDO, FL 328677307 US

**New Mailing Address:**

**FEI Number:** 59-2776606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRASCA, JOSEPH  
C/O PREFERRED COMMUNITY MGMT  
4962 N. PALM AVE  
WINTER PARK, FL 32792 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:** SD  
**Name:** TIDWELL, STEVE  
**Address:** 486 GREEN SPRING CIR  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** D  
**Name:** WHITE, HELEN  
**Address:** 592 GREEN SPRING CIRCLE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** TD  
**Name:** ROVALDI, LIZ  
**Address:** 443 LANCERS DR.  
**City-St-Zip:** WINTER SPRINGS, FL 32707

**Title:** VD  
**Name:** NEGRON, RAISA  
**Address:** 407 HORIZON DR.  
**City-St-Zip:** WINTER SPRINGS, FL 32707

**Title:** PD  
**Name:** SPANGLER, RAYMOND  
**Address:** 310 INGLENOOK CIRCLE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** D  
**Name:** ROSSETTI, RAYMOND  
**Address:** 302 INGLENOOK CIRCLE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

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:** JOESPH FRASCA

MGR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date