

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16280

FILED
Feb 13, 2012
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:

P O BOX 4129
WINTER PARK, FL 32793 US

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: STD
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: D
Name: ANDERSON, ELAINE
Address: 496 GREEN SPRING CIRCLE
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: JOSEPH FRASCA

RA

02/13/2012

Electronic Signature of Signing Officer or Director

Date