2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

1. Entity Nam GREENB	MENT # N18775 RIAR VILLAGE CONDOMIN THE HIDEAWAY COUNTRY		03-10-200	08 90056	047 ****6	51.25					
Principal Plac 15660 SAN (# 40 FORT MYERS	CARLOS BLVD.	Mailing Address P.O. BOX 60847 FORT MYERS, FL 33906 US									
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5910 TRAILWINDS DR . 5910 TRAILWINDS DR				DR .							
Suite, Apt. # 43	#, etc. 2 <u>2</u>	Suite, Apt. #, etc. # 42.2			·	02152008	Chg-NP	CR2E0	37 (12/06)		
City & State FORT MYERS FL Zip 33907 Country USA		City & State FORT MYERS FL Zip Cour				4. FEI Numbe 65-006			⊢ + ÷	oplied For ot Applicable	
Zip 3390		-33.90/	Cou	ntry - レシA		5. Certificate	of Status Desired	<u> </u>	\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent					Address of New		Agent		
SPRING, S	SHANE		-	Name	w . 3	TOSEPH	THOMPSO) <i>\U</i>			
SUNSET N	MANAGEMENT GROUP ERS. FL 33907				·····		er is Not Accepta				
				5910	TR	ALLWIND	S DR.	#422	Tim Cod		
				City F	ORT	MYERS		FL	Zip Cod		
Signature. Typed or pryfed name of registered agent and title if applicable. Signature. Typed or pryfed name of registered agent and title if applicable. Signature required when remistating) Signature required when remistating) Signature required when remistating) Signature required when remistating) DATE											
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signat	behiuper enul	when reinstating)		DATE			
	Signature, typed or ported name of registered agent of Filling Fee Is \$81.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Fi	inancing		when reinstating) \$5.00 May B Added to Fees	e		k payable t		
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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:	Vernica Huber	VERONICA	HUBEL	03-05-2008	(239) 936-7679
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN	G OFFICER OR DIRECTOR		Date	Daytime Phone #