

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49110

FILED
Mar 23, 2009
Secretary of State

Entity Name: GREENTREE CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

LANDCAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

LANDCAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0415290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, STEPHEN
13800 SW 144 AVE RD
MIAMI, FL 33186 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: PD () Delete
Name: RUBIDO, FIDEL
Address: 7151 SW 129 AVE., #8
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: PROENZA CABRERA, BETZAIDA
Address: 7121 SW 129 AVE., #8
City-St-Zip: MIAMI, FL 33183

Title: VPD () Delete
Name: CASTILLO, LAURA
Address: 7141 SW 129 AVE., #3
City-St-Zip: MIAMI, FL 33183

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DD () Change (X) Addition
Name: MANETTA, CHARLES
Address: 7151 SW 129 AVE., #4
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FIDEL RUBIDO

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date