2006 NOT-FOR-PROFIT CORPORATION

the obligations of registered agent.

SIGNATURE:

FILED 2006 08:00:AN y of State

> Applied For Not Applicable

→ ANI	. Apr 2	4, <i>4</i> ,	UUO	08:00		
DOCUMENT # N494 1. Entity Name GREENWOOD AT LAKE MA ASSOCIATION, INC.		Sec	eret	ary	of Sta	
Principal Place of Business 201 WEST FIRST ST. SANFORD, FL 32771	Mailing Address 201 WEST FIRST ST, SANFORD, FL 32771					
DO NOT W	DITE IN THE CO	or	04112006 No Chg-NP		E037 (11	
DO NOT W	RITE IN THIS SPA	ICE	4. FEI Number 59-3170759			Applied Fo
	10.00	and the second second	5. Certificate of Status Desired			5 Additional equired
6. Name and Address	of Current Registered Agent					
NELSON, LARRY W 201 WEST FIRST STREET SANFORD, FL 32771			DO NOT W			

SIGNATURE	Signature, typed or printed name of registered agent and title	Hannischle (NOTE Renetwed An	ant elemanum	required when reinstating)	· ; · · · · · · · · · · · · · · · · · ·	DATE	<u></u>
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees	UQOOC	0531499	
10.	OFFICERS AND DIRE	CTORS		·) 05/06/0 6	-80047-008	61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCANLON, LARRY M. % 525 LAKE AVE. SOUTH DULUTH, MN						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELSON, LARRY W. 201 WEST 1ST ST. SANFORD, FL			. 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STRIPLIN, STEPHEN A. 201 W. 1ST STREET SANFORD, FL			DO	NOT V	VRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
THEE NAME STREET ADDRESS CITY ST-ZIP							
12. I hereby indicated of the co-	certify that the information supplied with this on this report or supplemental report is true reporation or the receiver or trustee empowers, or on an attachment with an address, with a	filling does not qualify for the exem and accurate and that my signature id to execute this report as required that other like empowered.	ptions co shall ha by Char	ntained in Chapter 1 ve the same legal effo ter 617, Florida Statu	19, Florida Statutes. ect as if made unde tes; and that my na	. I further certify that r oath; that I am an me appears in Bloc	t the information officer or director k 10 or Block 11

1.19.06

Date

Daysime Phone #

As VILL PERSIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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