


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90045 026 ****61.25

DOCUMENT # N97000005794 1. Entity Name THE GREENS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463			Mailing Address 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>4/0</i> CAMPBELL PROPERTY MANAGEMENT Suite, Apt. #, etc. <i>3918 VIA Poinciana Dr #9</i> City & State <i>LAKE WORTH FL</i> Zip <i>33467</i> Country <i>PAUM BEACH</i>			
4. FEI Number 65-0833199				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MANAGEMENT C/O BRUCE CRAMB 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 the obligations of registered agent. SIGNATURE <i>BRUCE R. CRAMB</i> <i>Bruce Cramb</i> DATE <i>2-8-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW. FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAGNO, JUNE 6686 GREEN ISLAND CIR LAKE WORTH FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHRlich, MARCH 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, LOIS 6929 SILVERADO TER. LAKE WORTH FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGENTHAL, JASON 6800 GREEN ISLAND DR LAKE WORTH FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, WADE 5638 LA QUINTA CT. LAKE WORTH FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CHUCK 5612 EAGLE TRACE CT. LAKE WORTH FL 33463	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>JUNE RAGNO June Ragno Treasurer 2/8/06 561-439</i>		

