2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005844

FILED Apr 14, 2009 Secretary of State

Entity Name: VILLAS AT GREENWOOD LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 FEI Number: 59-3538429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLENN, CARROLL 265 AIRPORT RD S NAPLES, FL 34104 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FIORE, PASQUALE Name: Name: 5824 GREENWOOD CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition NEILANS, ANN Name: MCEACHERN, TIM Name: Address: 5810 GREENWOOD CIRCLE Address: 5832 GREENWOOD CIRCL City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: PD () Delete Title: PTD (X) Change () Addition BALAGNA, DANIEL BALAGNA, DANIEL Name: Name: 5584 GREENWOOD CIRCLE 5584 GREENWOOD CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: SD (X) Change () Addition Name: CAROLEO, CLARE Name: SANCHEZ, JOE 5564 GREENWOOD CIRCLE 5724 GREENWOOD CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: (X) Change () Addition MCEACHERN, TIM SIMONCIC, TOM Name: Name: 5632 GREENWOOD CIRCLE 5571 GREENWOOD CIR Address: Address: NAPLES, FL 34112 NAPLES, FL 34112 City-St-Zip: City-St-Zip:

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: DANIEL BALAGNA PTD 04/14/2009