FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722599** **(8)**

1. Corporation Name

GLENWOOD VILLAGE, INC.

Principal Place of Business	Mailing Address
~~400 WOODBRIDGE ROAD~~ ~~LONGWOOD FL 32779~~	~~2180 W. S.R. 434~~ ~~SUITE 3000~~ ~~LONGWOOD FL 32779~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1972	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1515975	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 303 Partridge Lane	26 P.O. Box 1124
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Longwood, FL	28 City & State: Longwood, FL
24 Zip: 32779 25 County: Seminole	29 Zip: 32752 30 County: Seminole

9. Name and Address of Current Registered Agent

RISKE, WILLIAM
303 PARTRIDGE LN
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, if any, of new registered agent (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	RYAN, JIM	12 NAME	
STREET ADDRESS	114 JUNIPER W	13 STREET ADDRESS	
CITY ST ZIP	LONGWOOD, FL 00000	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SHEFFEY, MICHAEL	22 NAME	
STREET ADDRESS	123 HIDDEN OAK DRIVE	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD, FL 00000	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	DREYFUS, HENRY	32 NAME	
STREET ADDRESS	104 HIDDEN OAK DRIVE	33 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	~~GROSSMAN, BARBARA~~	42 NAME	D Gehri, Patricia
STREET ADDRESS	104 JUNIPER LANE	43 STREET ADDRESS	120 Hidden Oak Drive
CITY ST ZIP	LONGWOOD, FL 00000	44 CITY ST ZIP	Longwood, FL 32779
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	D William, Sonnie
STREET ADDRESS		53 STREET ADDRESS	115 Hidden Oak Drive
CITY ST ZIP		54 CITY ST ZIP	Longwood, FL 32779
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/29/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Henry Dreyfus, President

0003427