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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722599 (8)

1. Corporation Name

GLENWOOD VILLAGE, INC.

Principal Place of Business

Mailing Address

498 PALM SPRINGS DRIVE
SUITE 270
ALTAMONTE SPRINGS FL 32701
US

498 PALM SPRINGS DRIVE
SUITE 270
ALTAMONTE SPRINGS FL 32701
US

3. Date Incorporated or Qualified

02/03/1972

4. FEI Number

59-1515975

Applied For
Not Applicable

2. Principal Place of Business

21 238 Westmonte Dr. #260

Suite, Apt. #, etc.
22 Altamonte Springs, Fl.

City & State
23 32714

Zip Country
24 32714 25 Seminole

2a. Mailing Address

26 P.O. Box 161606

Suite, Apt. #, etc.
27 Altamonte Springs, Fl.

City & State
28 32716-1606

Zip Country
29 32716 30 Seminole

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PFAUSER, MARGO A
238 N. WESTMONTE DR., SUITE 105
498 PALM SPRINGS DRIVE 270
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
238 N. Westmonte Dr. #260	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YONTZ, DONALD	
STREET ADDRESS	112 HIDDEN OAK DRIVE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFEY, MICHAEL	
STREET ADDRESS	123 HIDDEN OAK DRIVE	
CITY - ST - ZIP	LONGWOOD, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DREYFUS, HENRY	
STREET ADDRESS	104 HIDDEN OAK DRIVE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, SANDRA	
STREET ADDRESS	127 HIDDEN OAK DR	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WILLIAM, SONNIE	
STREET ADDRESS	115 HIDDEN OAK DRIVE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Janes Ryan	
1.3 STREET ADDRESS	114 Juniper Lane	
1.4 CITY - ST - ZIP	Longwood, Fl. 32779	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Kane	
2.3 STREET ADDRESS	121 Hidden Oak Drive	
2.4 CITY - ST - ZIP	Longwood, Fl. 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Russell Vechia	
4.3 STREET ADDRESS	105 Wild Hickory Lane	
4.4 CITY - ST - ZIP	Longwood, Fl. 32779	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing 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:

[Signature]

4/8/98

CR2E037 (10/97)