

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722599

Entity Name: GLENWOOD VILLAGE, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

225 S. WESTMONTE DR
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161606
ALTAMONTE SPRINGS, FL 327161606 US

New Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

FEI Number: 59-1515975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 N. WESTMONTE DR.
STE 2050
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 N. WESTMONTE DR.
STE 2050
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

04/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARKE, RICHARD
Address: 114 JUNIPER LN
City-St-Zip: LONGWOOD, FL 32779

Title: DVP () Delete
Name: NICOLAU, NICK
Address: 119 HIDDEN OAK DR.
City-St-Zip: LONGWOOD, FL 32779

Title: DP () Delete
Name: VECCIA, RUSSELL
Address: 105 WILD HICKORY LN
City-St-Zip: LONGWOOD, FL 32779

Title: DST () Delete
Name: JAMES, ALFORD
Address: 106 HIDDEN OAK DR
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: KANE, BOB
Address: 121 HIDDEN OAK DR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUSSELL VECCIA

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date