

# 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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 27 PM 4:07**

**DOCUMENT # 740491 (6)**

1. Corporation Name

**GLENWOOD MOBILE HOME COMMUNITY, INC.**

Principal Place of Business

Mailing Address

12501 ULMERTON RD BX 243  
LARGO FL 34644-2739  
US

12501 ULMERTON RD BX 243  
LARGO FL 34644-2739  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/21/1977</b>                                                                                                      | 3a. Date of Last Report<br><b>02/23/1994</b>           |
| 4. FBI Number<br><b>59-2237396</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/>                                                                               | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERZOG, CLAIRE  
12501 ULMERTON RD. L216  
LARGO FL 34644

81 Name **JOHN F. WELCH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**GLENWOOD MH COMMUNITY, INC.**  
83 **12501 ULMERTON RD., L-101**  
84 City **LARGO** **FL** 85 **34644**

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

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

**JOHN F. WELCH, TREASURER**

**JANUARY 18, 1995**

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br><b>PD</b>         | <b>GANNON, JOHN</b>              | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>12501 ULMERTON RD., L-3</b>   | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>LARGO, FL 00000</b>           | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>VD</b>         | <b>MEALY, RANKIN</b>             | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>12501 ULMERTON RD., L-172</b> | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>LARGO, FL 00000</b>           | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>TD</b>         | <b>HERZOG, CLAIRE</b>            | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>12501 ULMERTON RD. L 216</b>  | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>LARGO, FL 00000</b>           | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>SD</b>         | <b>MCMILLAN, PEARL</b>           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>12501 ULMERTON RD., L-189</b> | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>LARGO, FL 00000</b>           | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>D</b>          | <b>MOON, WILLIAM</b>             | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>12501 ULMERTON RD., L-63</b>  | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>LARGO, FL 00000</b>           | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>D</b>          | <b>BOARDMAN, LORRAINE</b>        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>12501 ULMERTON RD., L-104</b> | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>LARGO FL</b>                  | 6.4 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 110.07(3)(k), 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:

**JOHN H. GANNON, PRESIDENT**

**JANUARY 18, 1995 813-596-**

**2040**

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12.

|                |                          |
|----------------|--------------------------|
| TITLE          | D                        |
| NAME           | MOON, WILLIAM G.         |
| STREET ADDRESS | 12501 ULMERTON RD. -L-63 |
| CITY-ST-ZIP    | LARGO, FL 34644          |

13.

|                          |                                     |
|--------------------------|-------------------------------------|
| D                        | <input checked="" type="checkbox"/> |
| FLANAGAN, WALTER A       |                                     |
| 12501 ULMERTON RD. L-222 |                                     |
| LARGO, FL 34644          |                                     |