NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name

740491

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Lat IF INVVICED I	MUBILE	HUME	COMMUNITY.	INU.

GLENWOOD MOBILE HOME COMMUNITY, INC.								
Principa! Place	e of Business	Mailing Address			F 18 041E 10 041 0 1014 0 0161 0 1040 1			
12501 ULMERTON RD BX 243 12501 ULMERTON RD BX LARGO FL 34644-2739 LARGO FL 34644-2739 US								
US		US			3. Date Incorporated or Qualified 10/21/1977	3a. Date of Last 01/27/1		
2. Principal P	lace of Business	2a. Mailing Address	3		4. FEI Number		Applied For	
21		26			59-2237396		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, et	¢.		5. Certificate of Status Desired	T	Additional Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23		28	T .		Trust Fund Contribution	Adde	d to Fees	
— ^{Žip}	Country	Zip	Country	,	8. This corporation has liability for in	—	199.032,	
24	25	29	30			Yes No		
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
			•'	INGILIE				
	, JOHN F.		82	Street Add	iress (P.O. Box Number is Not Acceptable))		
	OOD MH COMMUNITY, INC.		83					
	JLMERTON RD., L-101		63	ŀ				
LARGO	FL 34644		84	City		FL 85 Zi	o Code	
11 Dura ant	to the provisions of Sections 817.0500	and 617 1509 Florida 9	Statutes the above	named corne	ration submits this statement for the purp		enistered office	
or registe	ered agent, or both, in the State of Florid	la. Such change was au	thorized by the corp	oration's boa	ard of directors. I hereby accept the appoi	ntment as registered	agent. I am	
familiar w	ith, and accept the obligations of, Section	on 617.0503, Florida Sta	atutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	au Stro Tapol cable	(NOTE: Registered Age	nt signature require	an when renstation	DATE:		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	PD	DELETE	1.1 TITLE	T T		Change	Addition	
NAME	GANNON JOHN		1.2 NAME					
STHEET ADDRESS	12501 ULMERTON RD., L-3		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	LARGO, FL 00000		14 CITY-	ST - ZIP				
TITLE	VD	DELETE				Change	Addition	
NAME	ELLIOTT, ROBERT		2 2 NAME					
STREET ADDRESS	12501 ULMERTON RD., L-128	,	2 3 STREE	1 ADDRESS				
CITY-ST-ZP	LARGO FL		2 4 CiTY-	ST-ZIP				
TITLE	TD	DELETE	31 TITLE			Change	☐ Addition	
NAME	WELCH, JOHN F.		3.2 NAME					
STREET ADDRESS	12501 ULMERTON RD., #101		3 3 STAEF	T ADDRESS				
CITY-ST-ZIP	LARGO, FL 00000		3 4. CITY-	S1 - Z IP				
TITLE	SD	X]DELETE	4 1 TITLE	1	SD _	X Change	☐ Addition	
NAME	MCMILLAN, PEARL		4 2 NAME		HELENA BURI			
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	ł	43 STREE	T ADDRESS	12501 ULMERTON RD	., L-124		
CITY - ST - ZIP	LARGO, FL 00000		44 CITY -	ST-ZIP	LARGO, FL			
TITLE	D	DELETE				☐ Change	Addition	
NAME	ALDRICH, EDWIN C.		5.2 NAME					
STREET ADDRESS	10001 00	1	5.3 STREE	T ADDRESS				
CITY - ST - ZIP	LARGO, FL 00000		54 CITY-	ST-ZIP	- T			
TITLE	D	X)DELETE			August Docum	Change	☐ Addition	
NAME	BOARDMAN, LORRAINE		6 2 NAME	1	AUDREE BOEHM	1 00		
STREET ADDRESS	12001 22	l .		T ADDRESS	12501 ULMERTON RD	., L-89		
CITY - ST - ZIP	LARGO FL	THE ACT FOR A STATE OF THE STAT	6.4 CITY-	ST-ZIP	LARGO, FL	7/2)(k) Florido Status	lon I filebras	

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)(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 early; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Designed Proce #

JOHN F. WELCH. TREASURER

CR2E037 (12/95)