FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

740491

(6)

GLENWOOD MOBILE HOME COMMUNITY, INC.

Principa! Place	e of Busines	5	Mailing Address)					
12501 ULMERTON RD BX 243			12501 ULMERTON RD BX 243				-	3. Date Incorporated or Qualified					
LARGO FL 34644-2739			LARGO FL 34644-2739						10/21/1977				
US			US				t	4. FE	I Number		At	plied For	
							1		59-2237396		<u> </u>	ot Applicable	
2. Principal Pi	lace of Busin	ess	2a. Mailing Address					- C	ertificate of Status Desired		\$8.75	Additional	
21			26)					8. C	ethicale of Status Desired			egulred	
Suite, Apt.	#, etc		Suite, Apt. #, etc.				}	6. EI	ection Campaign Financing	_	\$5.00		
22			27					Trust Fund Contribution					
City & State	9		City & State				- 1	7. Is this nonprofit corporation a homeowners association?					
23		Country	Zip Country					Yes □ No					
Zip 24		25	29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.						
24]	9. Name	and Address of Current	<u> </u>					10. Name and Address of New Registered Agent					
81 Name													
WELON TOTAL													
GLENWOOD MH COMMUNITY, INC.						Street Address (P.O. Box Number is Not Acceptable)							
12501 ULMERTON RD., Ł-101													
LARGO								11					
	•				84	City				FL	_ 85 Zip	Code	
11 Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parted corporation submits this statement for the purpose of changing its registered.													
office or re	egistered ag m familiar wi	ent, or both, in the State of the and accept the obligation	f Florida. Such change was one of Section 617 0503. F	authorize	ed by	the corp	poration	's boa	rd of directors. I hereby ac	cept the ap	pointment as	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 eignature required when reinstating) DATE													
12.		OFFICERS AND		13.			, <u> </u>	AD	DITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD		₩ DELETE	1.13	TITLE		PD				Change	Addition	
NAME		N, JOHN		1.21	MAME		HAL	ريا	HENRY C.				
STREET ADDRESS		ILMERTON RD., L-3		1.3 5	1.3 STREET ADDRESS		ļ <u>1</u> 25	01	ULMERTON RD	. L-8	3	į	
CITY-ST-ZIP		FL 00000	T per exe		CITY-S	T-ZIP	LAR	GO.	. FL. 33774_		05	Addition	
FITLE	VD V		☐ DELETE		ITLE	- (Ιή. Τ		Harrier .		Change	Addition	
NAME		, ROBERT		2.2 NAA			Вов		HOWELL		~=	i	
STREET ADDRESS		ILMERTON RD., L-128		2.3 ST			125		ULMERTON RD	L-21	J3		
CITY-ST-ZIP	LARGO	<u> </u>	V DELETE		CITY - S	T-ZIP	\ ₩₩	GO.	<u> </u>		K Change	Addition	
TITLE	td Buri. H	EI ENIA	X DELETE			- 1	ĘĎw	i T Ni	C. ALDRICH		EST CHANGE		
NAME		ILMERTON RD., L-124			NAME	address			ULMERTON RD	1 1	li O	i	
STREET ADDRESS		FL 00000								r1	42		
CITY-ST-ZIP TITLE	Dingo,	1 - 0000	₩ DELETE		CITY-S	1-212	SD	GO.	<u> </u>		Change	Addition	
NAME	_	H. EDWIN C.	* Second		NAME	}		ını C	. WELCH		V. 2.m./b.		
STREET ADDRESS		LMERTON RD., L-142				address	177	ומין	ULMERTON RD	(. 14	n 1		
CITY-ST-ZIP		FL 00000			CITY-S			GO.	10 4 4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, L-1	ÛΤ	1	
TITLE	D	*****	DELETE		TITLE		DAR.		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	BOEHM	AUDREE	^	5.21	IAME	ı	Ğus	Fı	_ANAGAN _			^	
STREET ADDRESS		LMERTON RD., L-89		5.3 9	STREET	ADDRESS	125	01	ULMERTON RD	L-22	22	1	
CITY-ST-ZIP	LARGO			5.4 (STY-SI	[- 2 ⊮		ĞŌ.					
TITLE			☐ DELETE	6.11	ITLE		D				Change	Addition	
NAME				6.21	VAME)	Luc	IA	SHIPPY			^	
STREET ADDRESS				6.3 9	STREET	ADDRESS	125	01	ULMERTON RD	1 - 41	5		
CITY-ST-ZIP				6,4 (CITY-S	T-ZIP	LAR	ĞŌ.	F 33774				
CITY-ST-ZIP 1 A D G 0 F 3377 / 1 14. Thereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Plonda 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 o	director of th	e corporation or the receiv	rer of trustee empowered to	execute	this r	eport as	require	d by	Chapter 617, Florida Statute	s; and that	my name ap	pears in	
B100K 12 0	OL RIOCK 13 I	fichanged, or on an attach	iment with an address.									Į.	

SIGNATURE

LATER ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2.07.98

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FILED

Mar 10 1998 8:00am

Secretary of State

. 1 (884) (891) 803) 803) 8110 8101 (80) 60) 600 800 8100 8101 8101 8101 8101 8101

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