\$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 740491

GLENWOOD MOBILE HOME COMMUNITY, INC.

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	Principal Plac	e of Business	Mailing Address							
-	12501 ULMERT LARGO FL 346 US	ON RD BX 243 44-2739	12501 ULMERTON RD BX 243 LARGO FL 34644-2739 US	1						
	2. Principal P	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed				
	21		28			10/21/1977				
	Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For	
	22		27			59-2237396	•		Applicable	_
	City & Stat	е	City & State			5. Certificate of Status Desired		\$8.75 A		
	Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be	
ļ	24		29 30) 		Trust Fund Contribution	<u> </u>	_ Added to	Fees	_
		9. Name and Address of Current	Registered Agent			10. Name and Address of New R	tegistered A	gent		
				61 Nam		MON JOEL C.				
WELCH, JOHN F. GLENWOOD MH COMMUNITY, INC. 12501 ULMERTON RD., L-101						ENWOOD MOBILE HOME COMMUNITY			-v	
						FUMOOD MORITE U	MIE COL	AMON T	' 	
				12	2501 ULMERTON RD. L-231 es zip code					
	LARGO FL 34644			1 1	I Anco FLIRA				7/ı İ	
	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above name	d corpoi	ration submits this statement for the	purpose of ci	vanging its i	egistered	İ
	ndf an or r	registered agent, or both, in the State of	Filodica Such change was auth	onzed by the CO	าวดาวสได้เก	is board of directors. I hereby accer	ot the appoint	memiastey	azreaen l	
	agent la	m familiar with and acceptable obligation	ons of Section 617,0503, Florida	Statutes	F 4.410.			1-5		
		m familiar with, and acceptate officialic	ons of, Section 617.0503. Florida	Statutes.	p 41 2201	ration submits this statement for the association and of directors. I hereby accept a sociation of the statement for the	3/19	199		_
	agent. I a	Signature, type or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signatur		when reinstelling)	MATE .	/		(96
	SIGNATURE	Signature, type or printed name of registered agent a OFFICERS AND	and tille if applicable. (NOTE: Re	gistered Agent signatur 13.			ATE FICERS AND	DIRECTOR		(11/98)
	SIGNATURE 12. TITLE	Signature, type or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	gistered Agent signatur 13. 1.1 TITLE		when reinstelling)	ATE FICERS AND	/		7 (11/98)
	SIGNATURE 12. TITLE NAME	Signature, type or printed name of registered agent of PD HALL, HENRY C	and tille if applicable. (NOTE: Re	93stered Agent signatur 13. 1.1 TITLE 12 NAME	e required t	when reinstelling)	ATE FICERS AND	DIRECTOR		
	SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, type or printed name of registered agent of PD HALL, HENRY C 12501 ULMERTON RD, L-83	and tille if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	e required t	when reinstelling)	ATE FICERS AND	DIRECTOR		
	SIGNATURE 12. TITLE NAME STREET AUDRESS CITY-ST-ZEP	Signature, type or printed name of registered agent of OFFICERS AND PD HALL, HENRY C 12501 ULMERTON RD, 1-83 LARGO, FL 00000 33774	and tile if population. (NOTE: Re) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZP	e required t	when reinstelling)	FICERS AND	DIRECTOR		CR2E037 (11/98)
	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	Signature, type of printed name of registered agent of PD ALL, HENRY C 12501 ULMERTON RD, 1-83 LARGO, FL 00000 33774	and tille if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	e required t	when reinstelling)	FICERS AND	DIRECTOR Change	RS IN 12	
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12501 ULMERTON RD. L-111 LARGO, FL. 33774 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, with all other like empowered.

6.3 STREET ADDRESS

BOBBY HOWELL

SHIPPY, LUCIA

STREET ADDRESS 12501 ULMERTON RD. L-45

TITLE

NAME

SIGNATURE REQUIRED

Feb 27, 1999 8:00 am Secretary of State

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