

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90062 040 \*\*\*\*61.25

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 740491</b>                        |  |
| 1. Entity Name<br><b>GLENWOOD ESTATES, INC.</b> |                                                                                   |

|                                                                                                                   |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>12501 ULMERTON RD BX 243<br>LARGO FL <del>34644-2739</del><br>US <b>33774-2722</b> | Mailing Address<br>12501 ULMERTON RD BX 243<br>LARGO FL <del>34644-2739</del><br>US <b>33774-2722</b> |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |



1st MOORE CR2E037 (10/06)

|                                                                                                                                                                                 |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2237396</b>                                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Name and Address of Current Registered Agent<br><b>ISBELL, MARY JO<br/>ARCHAMBAULT, GERALD<br/>GLENWOOD ESTATES, INC.<br/>12501 ULMERTON RD #204<br/>CLEARWATER FL 33774</b> |                                                        |
| 7. Name and Address of New Registered Agent                                                                                                                                     |                                                        |
| Name                                                                                                                                                                            |                                                        |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                              |                                                        |
| City                                                                                                                                                                            | FL Zip Code                                            |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                     |                                    |                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                 |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>KUHLMAN, ROBERT<br>12501 ULMERTON RD #182<br>LARGO FL 33774 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | PD<br>JERRY HAYMAKER<br>12501 ULMERTON RD.#18<br>LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VD<br>SPRADLING, ALBERT<br>12501 ULMERTON RD #66<br>LARGO FL 33774 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | VD<br>GERARD DOWD<br>12501 ULMERTON RD. #232<br>LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | TD<br>THORNTON, CHARLES<br>12501 ULMERTON RD #225<br>LARGO FL 33774 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | TD<br>MARTHA BARRY<br>12501 ULMERTON RD. #98<br>LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SD<br>DONEHOO, AGNES<br>12501 ULMERTON RD # 221<br>LARGO FL 33774 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | SD<br>MARY JO ISBELL<br>12501 ULMERTON RD. #41<br>LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>DOWD, GERARD<br>12501 ULMERTON RD # 232<br>LARGO FL 33774 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | D<br>KEVIN FERGUSON<br>12501 ULMERTON RD. #14<br>LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>SOUTHWICK, JOHN<br>12501 ULMERTON RD #138<br>LARGO FL 33774 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | D<br>GORDON TRAVERS<br>12501 ULMERTON RD. #224<br>LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #