

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 21

DOCUMENT # 745773 (2)

1. Corporation Name

GLENWOOD CORT HOMEOWNERS' ASSOC., INC.

Principal Place of Business	Mailing Address
% DEVELOPMENT CONSULTANTS, INC 2901 SIMMS ST HOLLYWOOD FL 33020-1302	% DEVELOPMENT CONSULTANTS, INC 2901 SIMMS ST HOLLYWOOD FL 33020-1302

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/31/1979	02/10/1994
4. FEI Number	Applied For
59-1960947	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEVELOPMENT CONSULTANTS, INC 2901 SIMMS ST HOLLYWOOD FL 33020-1302				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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. (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAITOVE, ROBERT		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3900 S.W. 52 AVE., #202			1.2 NAME	MCNEIL, DOUGLAS		
STREET ADDRESS	PEMBROKE PINES FL			1.3 STREET ADDRESS	3900 S.W 52ND AVE #803		
CITY - ST - ZIP				1.4 CITY - ST - ZIP	PEMBROKE PARK, FL 33023		
TITLE	VP	LEVIN, MARK		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3900 S.W. 52 AVE., #503			2.2 NAME	PRISCILLA HAMILTON		
STREET ADDRESS	PEMBROKE PINES FL			2.3 STREET ADDRESS	3900 SW 52 AVE. #501		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	PEMBROKE PARK, FL 33023		
TITLE	D	KASPER, FRANK		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3900 S.W. 52 AVE., #804			3.2 NAME	TATE, KAYE		
STREET ADDRESS	PEMBROKE PINES FL			3.3 STREET ADDRESS	3900 S.W. 52ND AVE #805		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	PEMBROKE PARK, FL 33023		
TITLE	DT	SANTRESTEBAN, RAMON		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3900 S.W. 52ND AVE. 401			4.2 NAME	TOWER, SUSAN		
STREET ADDRESS	PEMBROKE PINES FL			4.3 STREET ADDRESS	9261 CYPRESS CIRCLE NORTH		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	MIRAMAR, FL 33025		
TITLE				5.1 TITLE	SEC/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	LINDA TORRES		
STREET ADDRESS				5.3 STREET ADDRESS	3900 SW 52 AVE. #904		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	PEMBROKE PARK, FL 33023		
TITLE				6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 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 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 affidavit.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE \_\_\_\_\_