

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 745773 (2)
 1. Corporation Name
 GLENWOOD CORT HOMEOWNERS' ASSOC., INC.



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

3. Date Incorporated or Qualified: 01/31/1979
 3a. Date of Last Report: 03/08/1995
 4. FEI Number: 59-1960947
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
 DEVELOPMENT CONSULTANTS, INC
 2901 SIMMS ST
 HOLLYWOOD FL 33020-1302

10. Name and Address of New Registered Agent
 DEVELOPMENT CONSULTANTS, INC.
 2901 SIMMS ST
 HOLLYWOOD, FL 33020-1302

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	MCNEIL, DOUGLAS 3900 SW 52ND AVE., #803 PEMBROKE PINES FL	1.1 TITLE: KAYE TATE	3900 SW 52nd AVENUE UNIT 805 PEMBROKE, FL 33023
TITLE: PD	HAMILTON, PRISCILLA 3900 SW 52ND AVE., #501 PEMBROKE PINES FL	2.1 TITLE: LINDA TORRES	3900 SW 52nd AVENUE UNIT 904 PEMBROKE PARK, FL 33023
TITLE: D	TATE, KAYE 3900 SW 52ND AVENUE #805 PEMBROKE PINES FL	3.1 TITLE: SUSAN TOWER	9261 CYPRESS CIRCLE NORTH MIRAMAR, FL 33025-2439
TITLE: D	TOWER, SUSAN 9261 CYPRESS CIRCLE NORTH MIRAMAR FL	4.1 TITLE: _____	_____
TITLE: ST	TORRES, LINDA 3900 SW 52ND AVENUE, #904 PEMBROKE PARK FL	5.1 TITLE: _____	_____
TITLE: _____	_____	6.1 TITLE: _____	_____

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TITLE: D	TATE, KAYE 3900 SW 52ND AVENUE #805 PEMBROKE PINES FL	3.1 TITLE: SUSAN TOWER	9261 CYPRESS CIRCLE NORTH MIRAMAR, FL 33025-2439
TITLE: D	TOWER, SUSAN 9261 CYPRESS CIRCLE NORTH MIRAMAR FL	4.1 TITLE: _____	_____
TITLE: ST	TORRES, LINDA 3900 SW 52ND AVENUE, #904 PEMBROKE PARK FL	5.1 TITLE: _____	_____
TITLE: _____	_____	6.1 TITLE: _____	_____

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 address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 6-18-96
 Daytime Phone #: 954-922-3514

CR2E037 (3/96)