

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90043 001 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745773

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

01/31/1979

4. FEI Number

59-1960947

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS, INC
 2901 SIMMS ST
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP DELETE
 NAME TATE, KAYE
 STREET ADDRESS 3900 SW 52 AVENUE, UNIT 805
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE PD DELETE
 NAME HAMILTON, PRISCILLA
 STREET ADDRESS 3900 SW 52ND AVE., #501
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE D DELETE
 NAME TORRES, LINDA
 STREET ADDRESS 3900 SW 52ND AVENUE UNIT 904
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE D DELETE
 NAME NORIEGA, MICHAEL
 STREET ADDRESS 3900 SW 52ND AVE
 CITY-ST-ZIP PEMBROKE PARK FL 33023

TITLE ST DELETE
 NAME GRIMSTEAD, SUSAN T
 STREET ADDRESS 9261 CYPRESS CIRCLE N
 CITY-ST-ZIP MIRAMAR FL 33025

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE PD Change Addition
 2.2 NAME MILLER, PRISCILLA
 2.3 STREET ADDRESS 3900 SW 52 AVE., #501
 2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

3.1 TITLE D Change Addition
 3.2 NAME FRAZIER, LINDA
 3.3 STREET ADDRESS 3900 SW 52 Ave., #201
 3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ST Change Addition
 5.2 NAME SANDS, MEISHA
 5.3 STREET ADDRESS 3900 SW 52 AVE., #403
 5.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

SIGNATURE:

Tracy SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)