

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0001456

05-17-2001 90373 025 ****61.25

DOCUMENT # 745773

1. Entity 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

550876

2. Principal Place of Business

3. Mailing Address

c/o Development Consultants

Inc. c/o Development Consultants

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2035 Harding St., Suite 200

2035 Harding St., Suite 200

City & State

City & State

Hollywood, FL

Hollywood, FL

4. FEI Number

59-1960947

Applied For

Not Applicable

Zip
 33020-2797

Country
 Broward

Zip
 33020-2797

Country
 Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS, INC
 2901 SIMMS ST
 HOLLYWOOD FL 33020

Name
 Andrew Meyrowtiz

Street Address (P.O. Box Number is Ngt Acceptable)
 c/o Development Consultants Inc.

2035 Harding Street, Suite 200

City
 Hollywood, FL

FL

Zip Code
 33020-2797

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.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

5/9/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATE, KAYE 3900 SW 52 AVENUE , UNIT 805 PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, PRISCILLA 3900 SW 52ND AVE., #501 PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, LINDA 3900 SW 52 AVE, #201 PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIEGA, MICHAEL 3900 SW 52ND AVE PEMBROKE PARK FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDS, MEISHA 3900 SW 52 AVE, #403 PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SANDS, MEISHA 3900 SW 52 AVE., #403 PEMBROKE PARK, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D NORIEGA, MICHAEL 3900 SW 52 AVE., #706 PEMBROKE PARK, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D FRAZIER, LINDA 3900 SW 52 AVE., #201 PEMBROKE PARK, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, PRISCILLA P.O. BOX 266974 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DEBRA 3900 SW 52 AVE., #101 PEMBROKE PARK, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Handwritten Signature]* SIGNATURE REQUIRED

5/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)