


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90093 021 \*\*\*\*61.25

DOCUMENT # 745773					
1. Entity Name GLENWOOD CORT HOMEOWNERS' ASSOC., INC.					
Principal Place of Business C/O DEVELOPMENT CONSULTANTS 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797			Mailing Address C/O DEVELOPMENT CONSULTANTS 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
5. Certificate of Status Desired <input type="checkbox"/>			01072005 Chg-NP CR2E037 (10/03)		
4. FEI Number 59-1960947			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYROWTIZ, ANDREW C/O DEVELOPMENT CONSULTANTS INC. 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAWSON, FREDERICK	NAME			
STREET ADDRESS	390 SW 52ND AVE., #501	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PARK, FL 33023	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOSSETT-TATE, KATHLEEN	NAME			
STREET ADDRESS	3900 SW 52 AVE., 805	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, MEISHA	NAME			
STREET ADDRESS	3900 SW 52BD AVE # 403	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, MEISHA	NAME			
STREET ADDRESS	3900 SW 52 AVE., #403	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAYNE, DIANE	NAME	PAYNE, DIANA		
STREET ADDRESS	3900 NW 52 AVE, #901	STREET ADDRESS	3900 N.W. 52 AVE. #901		
CITY-ST-ZIP	PEMBROKE PARK, FL 33023	CITY-ST-ZIP	PEMBROKE PARK, FL 33023		
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, REBECCA	NAME	TAYLOR, REBECCA		
STREET ADDRESS	3900 NW 52 AVE, #503	STREET ADDRESS	3900 N.W. 52 AVE. #503		
CITY-ST-ZIP	PEMBROKE PARK, FL 33023	CITY-ST-ZIP	PEMBROKE PARK, FL 33023		
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: <i>Diana Payne</i>			3-16-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		