
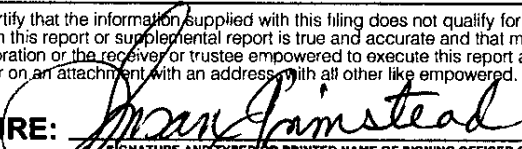


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 745773</b>			
1. Entity Name <b>GLENWOOD CORT HOMEOWNERS' ASSOC., INC.</b>			
Principal Place of Business <b>C/O DEVELOPMENT CONSULTANTS 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797</b>		Mailing Address <b>C/O DEVELOPMENT CONSULTANTS 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MEYROWTIZ, ANDREW C/O DEVELOPMENT CONSULTANTS INC. 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DAWSON, FREDERICK</b> <b>390 SW 52ND AVE., #501</b> <b>PEMBROKE PARK, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORCHIN, DAVE</b> <b>3900 SW 52ND AVE</b> <b>HOLLYWOOD, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TAYLOR, REBECCA</b> <b>3900 SW 52 AVE 503</b> <b>HOLLYWOOD, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TOWER GRIMSTEAD, SUSAN</b> <b>9261 N CYPRESS CIR</b> <b>HOLLYWOOD, FL 33025</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LINDSAY, ROSALYN</b> <b>3900 SW 52 AVE 402</b> <b>HOLLYWOOD, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> 		<b>SUSAN GRIMSTEAD</b> <b>3-20-07</b> <b>954-437</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # <b>023 8</b>	



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1960947** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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04/20/07-80057-011 01.25