

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90082 016 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1960947**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYROWITZ, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, PRISCILLA</b> <b>PO BOX 266974</b> <b>WESTON FL 33326</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>MILLER, PRISCILLA</b> <b>PO BOX 266974</b> <b>WESTON, FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>NORIEGA, MICHAEL</b> <b>3900 SW 52ND AVE</b> <b>PEMBROKE PARK FL 33023</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>PAYNE DIANE</b> <b>3900 NW 52 AVE #901</b> <b>Pembroke Park, FL 33023</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD</b> <b>PHILLIPS, MEISHA</b> <b>3900 SW 52BD AVE # 403</b> <b>PEMBROKE PINES FL 33023</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>TAYLOR, REBECCA</b> <b>3900 NW 52 AVE #503</b> <b>Pembroke Park FL 33023</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SD</b> <b>JOHNSON, DEBRA</b> <b>3900 SW 52 AVE #101</b> <b>PEMBROKE PARK FL 33023</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TD</b> <b>MAXWELL, SANDRA</b> <b>3900 SW 52BD AVE # 504</b> <b>PEMBROKE PINES FL 33023</b>	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 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: *[Signature]* **NORIEGA** 2/25/03 305 849-5711

CR2E037 (10/02)

Attachment

90062635  
745773

GLENWOOD CORT HOMEOWNERS ASSOCIATION, INC.

BOARD OF DIRECTORS LIST

ANNUAL MEETING DATE 2/26/02

PRESIDENT                      MICHAEL NORIEGA                      954-894-6891 HOME  
3900 SW 52 AVE                      305-249-5711 WORK  
UNIT 706  
PEMBROKE PARK, 33023

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VICE PRESIDENT                      MEISHA PHILLIPS                      954-967-2394 HOME  
3900 SW 52 AVE                      786-246-8739 CELL  
UNIT 403  
PEMBROKE PARK, FL 33023

SECRETARY                      DEBRA JOHNSON                      954-383-3181 HOME  
3900 SW 52 AVE  
UNIT 101  
PEMBROKE PARK, 33023

TREASURER                      SANDRA MAXWELL                      954-961-0777 HOME  
3900 SW 52 AVE  
UNIT 504  
PEMBROKE PARK, 33023

DIRECTOR                      PRISCILLA MILLER                      954-424-9145 HOME  
1170 CEDAR CREEK WAY                      305-342-3958 CELL  
DAVIE, FL 33325

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INSURANCE:  
STATE FARM/RICK WINTERAUD  
1933 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020  
954-921-1333 (OFFICE)  
954-923-1333 (FAX)

ATTORNEY:  
CHERYL LEVIN, P.A.  
10226 NW 47 STREET  
SUNRISE, FL 33351  
954-742-9034 (OFFICE)  
954-746-0387 (FAX)

WORKER'S COMP.  
PLASTRIDGE AGENCY  
(954) 752-8320

CPA – GILBERTO & CO  
SCOTT WILLIAMS (954) 419-1000

04/22/02