


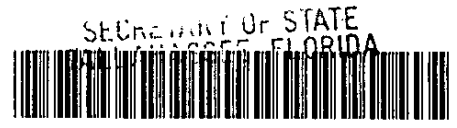
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 751070 1. Entity Name GLENVIEW PENINSULA ASSOCIATION, INC.	
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FILED

05 SEP 20 PM 1:27

Principal Place of Business 216 GLENVIEW BLVD DAYTONA BEACH FL 32118 US	Mailing Address 1204 NORTHSIDE DR ORMOND BEACH FL 32174 US
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2. Principal Place of Business	3. Mailing Address 216 GLENVIEW BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 206
City & State	City & State DAYTONA BEACH, FL
Zip	Zip 32118
Country	Country USA

4. FEI Number 59-2003115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IVINS, CRYSTAL 216 GLENVIEW BLVD #104 DAYTONA BEACH FL 32118	7. Name and Address of New Registered Agent Name JANE BROWN Street Address (P.O. Box Number is Not Acceptable) 216 GLENVIEW BLVD #206 City DAYTONA BEACH FL 32118
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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 JANE BROWN (Signature, typed or printed name of registered agent and title if applicable)

(NOTE Registered Agent signature required when reinstating)

DATE 09/01/05

FILE NOW: FEE IS \$61.25 Due By September 7, 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
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10. PD OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE NAME IVINS, CRYSTAL</td> <td style="width: 50%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">STREET ADDRESS 216 GLENVIEW BLVD #104</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP DAYTONA BEACH FL 32118</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP VPD</td> </tr> </table>	TITLE NAME IVINS, CRYSTAL	<input checked="" type="checkbox"/> Delete	STREET ADDRESS 216 GLENVIEW BLVD #104		CITY-ST-ZIP DAYTONA BEACH FL 32118		CITY-ST-ZIP VPD		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE NAME PRES JANE BROWN</td> <td style="width: 50%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">STREET ADDRESS 216 GLENVIEW BLVD #206</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP DAYTONA BEACH, FL 32118</td> </tr> </table>	TITLE NAME PRES JANE BROWN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 216 GLENVIEW BLVD #206		CITY-ST-ZIP DAYTONA BEACH, FL 32118	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE BROWN **JANE BROWN** 09/01/05 386/246-4580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #