

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 757822 (2)  
1. Corporation Name  
GLENWOOD MANOR OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
% KEYS-CALDWELL PROPERTY MGT.  
250 W TAMPA AVE  
VENICE FL 34285 % KEYS-CALDWELL PROPERTY MGT.  
250 W TAMPA AVE  
VENICE FL 34285-1729

3. Date Incorporated or Qualified 04/30/1981 3a. Date of Last Report 04/30/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2378020	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CALDWELL, ANNETTE K. KEYS-CALDWELL PROPERTY MGMT. 250 W TAMPA AVE VENICE FL 34285				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENVINGO, LOUISE			1.2 NAME	SWAFFORD, LINDA		
STREET ADDRESS	391 AIRPORT AVE #401			1.3 STREET ADDRESS	301 AIRPORT AVE #702		
CITY-ST-ZIP	VENICE, FL 00000			1.4 CITY-ST-ZIP	VENICE, FL		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVAUGHN, ERIC			2.2 NAME			
STREET ADDRESS	651 SHETLAND DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, FRANK			3.2 NAME			
STREET ADDRESS	401 AIRPORT AVE., #307			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETWAY, SANORA			4.2 NAME	O'ROURKE, CECELIA		
STREET ADDRESS	331 AIRPORT AVE #605			4.3 STREET ADDRESS	331 AIRPORT AVE #608		
CITY-ST-ZIP	VENICE, FL 00000			4.4 CITY-ST-ZIP	VENICE, FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORREST, JAMES			5.2 NAME	WILLIS, ROY		
STREET ADDRESS	361 AIRPORT AVE STE 508			5.3 STREET ADDRESS	461 AIRPORT AVE #105		
CITY-ST-ZIP	VENICE FL			5.4 CITY-ST-ZIP	VENICE, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Roy Willis</i>			6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (9/96)