


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757822 (2)
1. Corporation Name
GLENWOOD MANOR OWNERS ASSOCIATION, INC.



Principal Place of Business % KEYS-CALDWELL PROPERTY MGT. 250 W TAMPA AVE VENICE FL 34285	Mailing Address % KEYS-CALDWELL PROPERTY MGT. 250 W TAMPA AVE VENICE FL 34285
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3. Date Incorporated or Qualified 04/30/1981	
4. FEI Number 59-2378020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CALDWELL, ANNETTE K.
KEYS-CALDWELL PROPERTY MGMT.
250 W TAMPA AVE
VENICE FL 34285**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	SD SWAFFORD, LINDA	<input checked="" type="checkbox"/> DELETE
NAME	301 AIRPORT AVE #702	
STREET ADDRESS	VENICE, FL 00000	
CITY-ST-ZIP		
TITLE	VD DEVAUGHN, ERIC	<input type="checkbox"/> DELETE
NAME	651 SHETLAND DR	
STREET ADDRESS	NOKOMIS FL	
CITY-ST-ZIP		
TITLE	PD KELLY, FRANK	<input type="checkbox"/> DELETE
NAME	401 AIRPORT AVE., #307	
STREET ADDRESS	VENICE FL	
CITY-ST-ZIP		
TITLE	D O'ROURKE, CECELIA	<input type="checkbox"/> DELETE
NAME	331 AIRPORT AVE #808	
STREET ADDRESS	VENICE, FL 00000	
CITY-ST-ZIP		
TITLE	TD WILLIS, ROY	<input type="checkbox"/> DELETE
NAME	461 AIRPORT AVE #105	
STREET ADDRESS	VENICE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
1.1 TITLE	SD Betty Murphy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	391 Airport Ave. # 405	
1.3 STREET ADDRESS	Venice, FL 34285	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Roy Willis Roy Willis 4/16/98 844 484-6108

CR2E037 (10/97)