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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90072 004 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 757822**

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

4 5 6 9 4 1  
 456941 - 90072 - 4



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/30/1981

4. FEI Number

59-2378020

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

CALDWELL, ANNETTE K.  
 KEYS-CALDWELL PROPERTY MGMT.  
 250 W TAMPA AVE  
 VENCIE 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

FL

85

Zip Code

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

TITLE SD  DELETE  
 NAME MURPHY, BETTY  
 STREET ADDRESS 391 AIRPORT AVE #405  
 CITY-ST-ZIP VENICE, FL-00000 34285

TITLE VD  DELETE  
 NAME DEVAUGHN, ERIC  
 STREET ADDRESS 651 SHETLAND DR  
 CITY-ST-ZIP NOKOMIS FL

TITLE PD  DELETE  
 NAME KELLY, FRANK  
 STREET ADDRESS 401 AIRPORT AVE., #307  
 CITY-ST-ZIP VENICE FL

TITLE D  DELETE  
 NAME O'ROURKE, CECELIA  
 STREET ADDRESS 331 AIRPORT AVE #608  
 CITY-ST-ZIP VENICE, FL 00000

TITLE TD  DELETE  
 NAME WILLIS, ROY  
 STREET ADDRESS 461 AIRPORT AVE #105  
 CITY-ST-ZIP VENICE FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE D  Change  Addition  
 4.2 NAME Doyle, Jack  
 4.3 STREET ADDRESS 361 Airport Avenue #505  
 4.4 CITY-ST-ZIP Venice, FL 34285

5.1 TITLE ST D  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999 941-484-6108  
 Date Daytime Phone #

CR2E037 (1/98)