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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

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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
 Trust Fund Contribution

\$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	<input type="checkbox"/> DELETE
NAME	MURPHY, BETTY	
STREET ADDRESS	391 AIRPORT AVE #405	
CITY-ST-ZIP	VENICE, FL-00000 34285	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEVAUGHN, ERIC	
STREET ADDRESS	651 SHETLAND DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLY, FRANK	
STREET ADDRESS	401 AIRPORT AVE., #307	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'ROURKE, CECELIA	
STREET ADDRESS	331 AIRPORT AVE #608	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIS, ROY	
STREET ADDRESS	461 AIRPORT AVE #105	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" 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, 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)