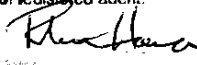


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90564 050 ****61.25

DOCUMENT # N50329 1. Entity Name GLEN ABBEY WEST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 222 ALEXANDRA WOODS DR. DEBARY, FL 32715 US				Mailing Address P O BOX 530951 DEBARY, FL 32753-0951 US	
2. Principal Place of Business c/o Hara Management, Inc Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789		3. Mailing Address c/o Hara Management, Inc Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789		03242005 Chg-NP CR2E037 (10/03)	
Country USA		Country USA		4. FEI Number 65-0488287	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERTO H JR. 222 ALEXANDRA WOODS DRIVE DEBARY, FL 32713				7. Name and Address of New Registered Agent Name Robert Hara Street Address (P.O. Box Number is Not Acceptable) Hara Management, Inc 118 N. Wymore Rd. City Winter Park	
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: 				DATE 4-12-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME RODRIGUEZ, ROBERTO STREET ADDRESS 222 ALEXANDRA WOODS DR CITY-ST-ZIP DEBARY, FL 32713	☐ Delete		TITLE Vice President / D NAME Helman, IRA STREET ADDRESS 208 Alexandra Woods Dr. CITY-ST-ZIP DeBary, FL 32713	☒ Change ☐ Addition	
TITLE D NAME HELMAN, IRA STREET ADDRESS 208 ALEXANDRA WOODS DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete		TITLE Treasurer NAME Rosenberg, Ron STREET ADDRESS 402 Quiet Meadow Ct. CITY-ST-ZIP DeBary, FL 32713	☐ Change ☒ Addition	
TITLE ST NAME BURKE, DONA STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete		TITLE Secretary NAME Fleischner, Bob STREET ADDRESS 220 Alexandra Woods Dr. CITY-ST-ZIP DeBary, FL 32713	☒ Change ☐ Addition	
TITLE D NAME FLEISCHNER, BOB STREET ADDRESS 220 ALEXANDRA WOODS DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete		TITLE Director NAME Tillia, John STREET ADDRESS 524 S. Pine meadow dr. CITY-ST-ZIP DeBary, FL 32713	☒ Change ☐ Addition	
TITLE VP NAME TILLIA, JOHN STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete		TITLE VP NAME TILLIA, JOHN STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete	
TITLE VP NAME TILLIA, JOHN STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete		TITLE VP NAME TILLIA, JOHN STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete	
TITLE VP NAME TILLIA, JOHN STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete		TITLE VP NAME TILLIA, JOHN STREET ADDRESS 524 S. PINE MEADOW DR CITY-ST-ZIP DEBARY, FL 32713	☒ Delete	
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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE 4-13-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert H. Rodriguez Jr. President and Director				Daytime Phone #	