

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 043 ****61.25

DOCUMENT # N50329 1. Entity Name GLEN ABBEY WEST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O HARA MANAGEMENT, INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789 US			Mailing Address C/O HARA MANAGEMENT, INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0488287	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA, ROBERT HARA MANAGEMENT, INC 118 N. WYMORE ROAD WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		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	☐ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	RODRIGUEZ, ROBERTO		NAME	Hans Kretschmer	
STREET ADDRESS	222 ALEXANDRA WOODS DR		STREET ADDRESS	569 Pine Meadow Dr	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	VPD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	HELMAN, IRA		NAME		
STREET ADDRESS	208 ALEXANDRA WOODS DR		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROSENBERG, RON		NAME		
STREET ADDRESS	402 QUIET MEADOW CT		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FLEISCHNER, BOB		NAME		
STREET ADDRESS	220 ALEXANDRA WOODS DR		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TILLIA, JOHN		NAME		
STREET ADDRESS	524 S. PINE MEADOW DR		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> 4/17/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					