2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N95000005639 Apr 18, 2000 8:00 am 1. Entity Name **Secretary of State** GLYNWOOD HIGHLANDS HOMEOWNERS ASSOCIATION, INC. 04-18-2000 90197 002 ****61.25 Principal Place of Business Mailing Address 1658 SHELAND TERR 1658 SHELAND TERR **DUNEDIN FL 34598 DUNEDIN FL 34598** 2. Principal Place of Business 3. Mailing Address 638 Shetland Terr. 638 Shetland Terri Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3425071 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name t Address (P.O. Box Number is Not Acceptable) 3 85 RETIAND TESTALE LONG, ROSCOE 1658 SHETLAND TERRACE **DUNEDIN FL 34698** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. DP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME BEATY, STEVEN STREET ADDRESS STREET ADDRESS 1050 PRESTWICK PLACE CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition DVP ☐ Delete TITLE TITLE NAME NAME BERRIDGE, KENT STREET ADDRESS STREET ADDRESS 1629 SHETLAND TERRACE-CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Delete Change ■ Addition TITLE TITLE DS NAME NAME MENDEL, RAY STREET ADDRESS STREET ADDRESS 1045 PRESTWICK PLACE CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Change ☐ Addition ☐ Delete TITLE TITLE 1638 Shetland Terrace NAME NAME LONG, ROSCOE STREET ADDRESS STREET ADDRESS 1658 SHETLAND TERR CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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