2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N95000005639

Entity Name: GLYNWOOD HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 995
DUNEDIN, FL 34697

New Principal Place of Business:

Current Mailing Address:

PO BOX 995
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 59-3425071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEL, JO ELLEN
1045 PRESTWICK PLACE
DUNEDIN, FL 36428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	BEATY, STEVEN	
Address:	1050 PRESTWICK PLACE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	DT	( ) Delete
Name:	MENDEL, JO E	
Address:	1045 PRESTWICK PLACE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	DVP	( ) Delete
Name:	HERNANDEZ, SHERRY	
Address:	1653 HAYWICK TERR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	DS	( ) Delete
Name:	BUGENNAGEN, LEILA	
Address:	1643 HAYWICK TERRACE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	CALUORI, TITO	
Address:	1030 PRESTWICK PLACE	
City-St-Zip:	DUNEDIN, FL 34698	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	BEATTY, SYLVIA	
Address:	1040 PRESTWICK PLACE.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	DS	(X) Change ( ) Addition
Name:	BUGENHAGEN, LEILA	
Address:	1643 HAYWICK TERRACE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	(X) Change ( ) Addition
Name:	PAPIA, MARK	
Address:	1060 PRESTWICK PLACE	
City-St-Zip:	DUNEDIN, FL 34698	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ELLEN MENDEL DT 04/26/2006

Electronic Signature of Signing Officer or Director — Date