

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 024 ****61.25

DOCUMENT # N96000001565					
1. Entity Name GLEN MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % GULF BREEZE MANAGEMENT SERVICES LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US			Mailing Address % GULF BREEZE MANAGEMENT SERVICES LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business 8910 Terrene Court			3. Mailing Address 8910 Terrene Court		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State			City & State		
Zip		Country		01062006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0737888				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L GULF BREEZE MANAGEMENT SERVICES, LLC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME EHLEN, JOHN STREET ADDRESS 76 4TH STREET, #5-102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 76 4th Street, #102 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COUYOUMJIAN, HARRY STREET ADDRESS 76 4TH ST #7-202 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE D NAME Whittleman, Richard STREET ADDRESS 76 4th Street, #202 CITY-ST-ZIP Naples, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VSD NAME ZANDER, LAWRENCE STREET ADDRESS 76 4TH STREET, #3-102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 76 4th Street, #102 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BARR, HAROLD STREET ADDRESS 76 FOURTH STREET - #4-102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 76 4th Street, #102 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WARNES, JERRY STREET ADDRESS 76 4TH STREET, #12-201 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 76 4th Street, #201 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			John Ehlen		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/21/06 Daytime Phone # (239) 947-4510		