

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000001565

1. Entity Name
GLEN MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**8910 TERRENE COURT
SUITE 200
BONITA SPRINGS, FL 34135 US**

Mailing Address

**8910 TERRENE COURT
SUITE 200
BONITA SPRINGS, FL 34135 US**



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0737888

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEIDNER, RALPH L.
8910 TERRENE COURT
SUITE 200
BONITA SPRINGS, FL 34135**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000949475
06/03/08-80030-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EHLEN, JOHN
STREET ADDRESS 76 4TH ST., #102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME HICKEY, CHARLES
STREET ADDRESS 76 4TH ST 101
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VSD
NAME ZANDER, LAWRENCE
STREET ADDRESS 76 4TH ST., #102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE TD
NAME BARR, HAROLD
STREET ADDRESS 76 4TH ST., 102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME WARNES, JERRY
STREET ADDRESS 76 4TH STREET, #201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08
Date

Daytime Phone #