

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745773

FILED
Mar 06, 2018
Secretary of State
CC8835628122

Entity Name: GLENWOOD CORT HOMEOWNERS' ASSOC., INC.

Current Principal Place of Business:

C/O PRECEDENCE PROPERTY MANAGEMENT GROUP, LLC
4613 N. UNIVERSITY DRIVE., #565
CORAL SPRINGS, FL 33067

Current Mailing Address:

C/O PRECEDENCE PROPERTY MANAGEMENT GROUP, LLC
4613 N. UNIVERSITY DRIVE., #565
CORAL SPRINGS, FL 33067 US

FEI Number: 59-1960947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISINGER, DENNIS J
EISINGER BROWN LEWIS FRANKEL & CHAIET, PA
4000 HOLLYWOOD BLVD - STE. 265S
HOLLYWOOD, FL 33021 US

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

Officer/Director Detail :

Title PRESIDENT/SECRETARY
Name CHAPALET, NICKEVIA
Address C/O PRECEDENCE PROPERTY
 MANAGEMENT GROUP, LLC
 4613 N. UNIVERSITY DRIVE., #565
City-State-Zip: CORAL SPRINGS FL 33067

Title TREASURER
Name LINDSAY, ROSALYN
Address C/O PRECEDENCE PROPERTY
 MANAGEMENT GROUP, LLC
 4613 N. UNIVERSITY DRIVE., #565
City-State-Zip: CORAL SPRINGS FL 33067

Title DIRECTOR
Name INCE, MELANIE
Address C/O PRECEDENCE PROPERTY
 MANAGEMENT GROUP, LLC
 4613 N. UNIVERSITY DRIVE., #565
City-State-Zip: CORAL SPRINGS FL 33067

Title VP
Name CURRY, LATENA
Address 3900 SW 52ND AVENUE, #201
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name JAMES, JANETTE
Address C/O PRECEDENCE PROPERTY
 MANAGEMENT GROUP, LLC
 4613 N. UNIVERSITY DRIVE., #565
City-State-Zip: CORAL SPRINGS FL 33067

Title DIRECTOR
Name SUKIE, SHARIDA
Address 4613 N. UNIVERSITY DRIVE., #565
City-State-Zip: CORAL SPRINGS FL 33067

I hereby 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 all other like empowered.

SIGNATURE: NICKEVIA CHAPALET

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail Date