

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745773

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

**FILED**  
**Mar 26, 2020**  
**Secretary of State**  
**0826725140CC**

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

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

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            INCE, MELANIE  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP, LLC  
                  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:** ROSALYN LINDSAY

**PRESIDENT**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date