

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

DOCUMENT# 751070

**Entity Name:** GLENVIEW PENINSULA ASSOCIATION, INC.

**Current Principal Place of Business:**

5889 S. WILLIAMSON BLVD.  
SUITE 1301  
PORT ORANGE, FL 32128

**Current Mailing Address:**

5889 S. WILLIAMSON BLVD.  
SUITE 1301  
PORT ORANGE, FL 32128 US

**FEI Number:** 59-2003115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEBER, CHERYL  
5889 S. WILLIAMSON BLVD.  
SUITE 1301  
PORT ORANGE, FL 32128 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:** CHERYL WEBER

02/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MCDUFFIE, JEROME R  
Address 5889 S. WILLIAMSON BLVD.  
SUITE 1301  
City-State-Zip: PORT ORANGE FL 32128

Title STD  
Name LOCAL, DARLENE  
Address 5889 S. WILLIAMSON BLVD.  
SUITE 1301  
City-State-Zip: PORT ORANGE FL 32128

Title VPD  
Name REMINES, ANGIE  
Address 5889 S. WILLIAMSON BLVD.  
SUITE 1301  
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR  
Name SILVAS, PENNY  
Address 5889 S. WILLIAMSON BLVD.  
SUITE 1301  
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR  
Name BAXTER, CHRIS  
Address 5889 S. WILLIAMSON BLVD.  
SUITE 1301  
City-State-Zip: PORT ORANGE FL 32128

*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:** JEROME MCDUFFIE

PRESIDENT

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date