## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 751070** 

Entity Name: GLENVIEW PENINSULA ASSOCIATION, INC.

FILED Feb 01, 2021 Secretary of State 1890867973CC

## **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 02/01/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title SECRETARY

Name MCDUFFIE, JEROME R Name HARRIOTT, ITZEL

Address 5889 S. WILLIAMSON BLVD. Address 5889 S. WILLIAMSON BLVD.

SUITE 1301 SUITE 1301

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title VPD Title TREASURER

Name REMINES, ANGIE Name SILVAS, PENNY

Address 5889 S. WILLIAMSON BLVD. Address 5889 S. WILLIAMSON BLVD.

SUITE 1301 SUITE 1301

City-State-Zip: PORT ORANGE FL 32128 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 R. MCDUFFIE

**PRESIDENT** 

02/01/2021