2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 717402

1. Entity Name
GLENDALE TERRACE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
591 GLENDALE AV LEHIGH ACRES, FL 33972 US	591 GLENDALE AV LEHIGH ACRES, FL 33972 US

DO NOT WRITE IN THIS SPACE

01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1380996

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCHAN, MAXINE
591 GLENDALE AV.
LEHIGH ACRES, FL 33972

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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: Maxine McDan, President 2-9-05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SEVERANCE, KIMBERLY
STREET ADDRESS	589 GLENDALE TERRACE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	S
NAME	BOHLEY, CARROL
STREET ADDRESS	587 GLENDALE TERRACE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	P
NAME	MACHAN, MAXINE
STREET ADDRESS	591 GLENDALE TERRACE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/05-80007-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maxine McDan, President 2/9/05 239-369-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #