## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#720746** 

FILED Apr 25, 2009 Secretary of State

Entity Name: THE GLENECHO ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1278 CLYDESDALE DR LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** 1278 CLYDESDALE DR LOXAHATCHEE, FL 33470 FEI Number: 59-1381766 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POLIAKOFF, GARY A JENNINGS & VALANCY BECKER & POLIAKOFF, P.A. 311 SE 13TH STREET 3111 STIRLING ROAD FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33312 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: STEVE VALANCY 04/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ESCHER, CHERI Name: Name: 6160 S.W. 2ND STREET Address: Address: City-St-Zip: POMPANO BEACH, FL 33068 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: BURK, LAWRENCE Name: Address: 1278 CLYDESDALE DR Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: STD () Delete Title: () Change () Addition MASTEN, DEREK Name: Name: 7430 KIMBERLY BLVD, #102D Address: Address: City-St-Zip: POMPANO BEACH, FL 33068 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DORIAH, MARLON Name: Address: 6201 N.W. 13 ST Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE BURK P 04/25/2009