

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737838

FILED
Mar 25, 2009
Secretary of State

Entity Name: GLENMORE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 5161
LAKELAND, FL 33807

New Principal Place of Business:

5407 GLENMORE DR.
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 5161
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-2480882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWOOD, N
5321 GLENMORE DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

BROCKER, PAUL
5407 GLENMORE DR
LAKELAND, FL 33813 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: PAUL P. BROCKER

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T/D () Delete
Name: BROCKER, PAUL P
Address: 5407 GLENMORE DR.
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: GREENWOOD, NEIL
Address: 5321 GLENMORE DR.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HAM, BECKY
Address: 5339 GLENMORE RD.
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: HILTON, ANDY
Address: 5250 GLENMOORE DR.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PAUL P. BROCKER

T/D

03/25/2009

Electronic Signature of Signing Officer or Director

Date