

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 741484

1. Entity Name
GLENWOOD LANDOWNERS ASSOCIATION, INC.



Principal Place of Business
**7832 FOREST CIRCLE
GLEN ST. MARY, FL 32040**

Mailing Address
**P.O. BOX 508
GLEN ST. MARY, FL 32040**



07282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2557667

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STOUTENBOROUGH, ROY
7832 FOREST CIRCLE
GLEN ST. MARY, FL 32040**

**DO NOT WRITE
IN THIS SPACE**

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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
DAVIS, WYMAN
8000 THREE FORKS RD
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
EBERIE, ROBERT
790 BRIARWOOD CIRCLE
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
STOUTENBOROUGH, ROY
7832 FOREST CIRCLE
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
PENDLETON, ALICE
7750 FOREST CIRCLE
GLEN SAINT MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000169227
08/02/04-80015-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Roy B. Stoutenborough Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04
Date

904-923-9639
Daytime Phone #