


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 741484 1. Entity Name GLENWOOD LANDOWNERS ASSOCIATION, INC.	
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Principal Place of Business 9452 GLENWOOD DRIVE GLEN ST. MARY, FL 32040	Mailing Address P.O. BOX 508 GLEN ST. MARY, FL 32040
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2557667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REGISTER, DANETTE
9452 GLENWOOD DRIVE
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 *Danette Register* *Danette Register Treas.* *2-19-07*
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEEKS, GEORGE C 7769 FOREST CIRCLE GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VONK, RON 7861 FOREST CIRCLE GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGISTER, DANETTE 9452 GLENWOOD DRIVE GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RATLIFF, SANDY 9695 GLENWOOD DRIVE GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80030-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Danette Register* *Danette Register* *2-19-07* *904-259-4977*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #