2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 08:00 All Secretary of State **DOCUMENT # 741484** 1. Entity Name GLENWOOD LANDOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 9452 GLENWOOD DRIVE P.O. BOX 508 GLEN ST. MARY, FL 32040 GLEN ST. MARY, FL 32040 04162008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2557667 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent REGISTER, DANETTE DO NOT WRITE 9452 GLENWOOD DRIVE GLEN ST. MARY, FL 32040 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. 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 П Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE PD U000000907806 NAME WEEKS, GEORGE C 05/06/08-80003-001 61.25 STREET ADDRESS 7769 FOREST CIRCLE CITY-ST-ZIP GLEN SAINT MARY, FL 32040 VP TITLE NAME VONK, RON STREET ADDRESS 7861 FOREST CIRCLE CITY-ST-ZIP GLEN SAINT MARY, FL 32040 TD TITLE REGISTER, DANETTE STREET ADDRESS 9452 GLEENWOOD DRIVE DO NOT WRITE CITY-ST-ZIP GLEN SAINT MARY, FL 32040 IN THIS SPACE TITLE SD RATLIFF, SANDY STREET ADDRESS 9695 GLENWOOD DRIVE CITY-ST-ZIP GLEN SAINT MARY, FL 32040 TITLE STREET ADDRESS CITY-ST-ZIP

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:

NAME. STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

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