

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90197 028 ****61.25

DOCUMENT # 745773 1. Entity Name GLENWOOD CORT HOMEOWNERS' ASSOC., INC.					
Principal Place of Business C/O DEVELOPMENT CONSULTANTS 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797			Mailing Address C/O DEVELOPMENT CONSULTANTS 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1960947	
				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 MEYROWTIZ, ANDREW C/O DEVELOPMENT CONSULTANTS INC. 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020-2797			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWSON, FREDERICK		NAME		
STREET ADDRESS	390 SW 52ND AVE., #501		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOSSETT-TATE, KATHLEEN		NAME	Dave Forchin	
STREET ADDRESS	3900 SW 52 AVE., 805		STREET ADDRESS	3900 S.W. 52nd Ave #504	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	Pembroke Park, FL 33023	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, MEISHA		NAME		
STREET ADDRESS	3900 SW 52BD AVE # 403		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33023		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PHILLIPS, MEISHA		NAME	Rebecca Taylor	
STREET ADDRESS	3900 SW 52 AVE., #403		STREET ADDRESS	3900 S.W. 52 Ave #503	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	Pembroke Park, FL 33023	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAYNE, DIANE		NAME	Susan Tower Grimstead	
STREET ADDRESS	3900 NW 52 AVE, #901		STREET ADDRESS	9261 N. Cypress Circle	
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP	Miramar, FL 33025	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, REBECCA		NAME	Rosalyn Lindsay	
STREET ADDRESS	3900 NW 52 AVE, #503		STREET ADDRESS	3900 S.W. 52 Ave #402	
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP	Pembroke Park, FL 33023	
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: <i>Morgan Grimstead</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date March 20, 2006 Daytime Phone 954-437-0238		