2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #754464

FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90019 008 ****61.25

1. Entity Nam GLENBR		NDOMINIUM ASSO	OCIATIO	ON, INC.							
3410 GARDENS EAST DR. 33 PALM BEACH GARDENS, FL 33410 US SU			3307 SUITE	Mailing Address 3307 NORTHŁAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403 US					::::::::::::::::::::::::::::::::::::::		
2. Principal Place of Business - No P.O. Box # 3. M			3. Mailir	Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			04102008	Chg-NP	CR2E03	37 (12/06)	
City & State			City & State				4. FEI Number 59-24458	60		— 	oplied For ot Applicable
Zip	Zip Country		Zip		Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Regist			kegistered	Agent			_7Name and Ac	dress of New	Registered	Agent	
1 = 1400 140					Name						
LEWIS, WILLIAM 3307 NORTHLAKE BLVD SUITE 107					Street A	ddress (P.O. Box Number i	s Not Acceptab	ole)		
WEST PALM BEACH, FL 33403											
•					City				FL	Zip Cod	е
	tions of regist	y submits this statement for tered agent. To printed name of registered agent a			egistered office or Registered Agent signatu			in the State of F	Florida. I am	familiar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Make checi orida Depar		tate
10.	,	OFFICERS AND DIR	ECTORS		11.	,	ADDITIONS/CHAN	GES TO OFFIC	ERS AND DI	RECTORS IN	l 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PISANO, FLORENCE 3402 GARDENS E DR APT 7B PALM BEACH GARDENS, FL 33410			☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERT, CHARLES 3400 GARENS EAST DR, #6B PALM BEACH GARDENS, FL 33410			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNER, ROBYN 3402 GARDENS E. DR APT. 22 PALM BEACH GARDENS, FL 33410			☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MARY RDENS EAST DR #23A ACH GARDENS, FL 33	410	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3402 GAF	N, ELAINE RDENS E DR #19A ACH GARDENS, FL 33	410	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE	D PISANO-CHICCHETTI, GAIL 3400 GARDENS EAST DR, #18A PALM BEACH GARDENS, FL 33410			☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	3400 GAF PALM BE	RDENS EAST DR, #18A	410		NAME STREET ADDRESS CITY-ST-ZIP						

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:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.08 561-626-2770

Daytime Phone #