2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 756009

Entity Name: GLE HOMEOWNERS, INC.

Current Principal Place of Business:

P.O. BOX 1256
GOLDENROD, FL 327331256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1256
GOLDENROD, FL 327331256

New Mailing Address:

FEI Number: 59-2571876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONLEY, FLOYD T
1700 ASTER DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DONLEY, FLOYD T	
Address:	1700 ASTER DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	VP	( ) Delete
Name:	RODRIGUEZ, REYNALDO	
Address:	P.O. BOX 32	
City-St-Zip:	GOLDENROD, FL 327330032	
Title:	S	( ) Delete
Name:	FIELDS, LISA	
Address:	1940 ASHER DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	GAINER, LYNN	
Address:	1350 GLADIOLAS DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	T	( ) Change (X) Addition
Name:	RENESKI, CHRISTINE	
Address:	1390 GLADIOLAS DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNALDO RODRIGUEZ VP 04/27/2005

Electronic Signature of Signing Officer or Director — Date