

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 757366

(0)

MAY -1 1110:15

1. Corporation Name

GLENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4690 PERTH ROAD
W PALM BCH FL 33415-2842**

**4690 PERTH ROAD
W PALM BCH FL 33415-2842**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/02/1981

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2132250

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMANDER, JONATHAN D., ESQ.
515 NORTH FLAGLER DRIVE
SUITE 300 PAVILION
W PALM BCH FL 33415**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
EARLE, JODI R
460 GLENWOOD DR.
W PALM BCH. FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☒ Addition
33415

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
AIKEN, JOANNA
468 GLENWOOD DR.
W PALM BCH. FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☒ Addition
33415

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
CLARKE, MARY CATHERINE
443 GLENWOOD RD.
W PALM BCH. FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☒ Addition
33415

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARPENTOR, DONNA
471 GLENWOOD DRIVE
W PALM BEACH FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☒ Addition
33415

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KUGNER, DON
4640 PERTH ROAD
W PALM BEACH FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☒ Change ☐ Addition
**D
Mike Brogan
423 Glenwood Dr
W Palm Beach FL 33415**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JODI R. EARLE
PRESIDENT**

4/17/95

(System Form #)