2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 02, 2000 8:00 am
Secretary of State
03-04-2000 90086 020 ****61.25

DOCUMENT # 757366

1. Entity Name

GLENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4699 PERTH ROAD W PALM BCH FL 33415-2842	~~4699 PERTH ROAD~~ ~~W PALM BCH FL 33415-2842~~ c/o Jean Foster Mgmt

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1401-F2 S. Military Tr. Suite, Apt. #, etc.
City & State	City & State: W.P.B. FL
Zip / Country	Zip: 33415 / Country: US

4. FEI Number: 59-2132250 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMANDER, JONATHAN D., ESQ. 324 ROYAL PALM WAY SUITE 218 PALM BEACH FL 33480	Name: St. John, Dicker, Caplan, Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave. S. Suite 600 City: West Palm Bch FL Zip Code: 33401

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.

SIGNATURE: J Paul Fanning — 2/29/2000
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EARLE, JODI R 1604 HOLLYHACK RD WELLINGTON FL	☑ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AIKEN, JOANNA 468 GLENWOOD DR. W PALM BCH. FL	☐ Delete	☑ Change ☐ Addition	VP Aiken, Joanna 310 Second Street Jupiter, FL 33415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ P CLARKE, MARY CATHERINE 443 GLENWOOD RD. W PALM BCH. FL 33415	☐ Delete	☑ Change ☐ Addition	P
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMMANDER, JOHN D 324 ROYAL PALM WAY., STE 218 PALM BEACH FL	☐ Delete	☑ Change ☐ Addition	ST Commander, John D. P.O. Box 3474 Palm Beach, FL 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☑ Addition	D Beverly Gully 488 Glenwood Drive W.P.B., FL 33415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☑ Addition	D Alicia Swartz 508 Glenwood Drive W.P.B., FL 33415

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mary C. Clarke Pres. — 2/1/00 — 561-432-1827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #