2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90018 016 ****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	C/O JEAN FOSTER MGMT 1401 F2 S MILITARY TR WEST PALM BEACH FL 33415 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	c/o CMC Management
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2994 Jog Rd Suite B
City & State	City & State Greenacres, FL
Zip / Country	Zip 33467
	Country USA

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
ST JOHN, DICKER CAPLAN 500 AUSTRALIAN AVE S STE 600 WEST PALM BEACH FL 33401	Name: Scot Gerrish Street Address (P.O. Box Number is Not Acceptable): c/o CMC Management Co. 2994 Jog Rd Suite B City: Greenacres **FL** Zip Code: 33467

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 _____ 4/30/01
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	V AIKEN, JOANNA 310 SECOND ST JUPITER FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARKE, MARY CATHERINE 443 GLENWOOD RD. WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COMMANDER, JOHN D PO BOX 3474 PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GULLY, BEVERLY 488 GLENWOOD DR WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWARTZ, ALICIA 508 GLENWOOD DR WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 4/30/01 6411016