

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757366

1. Entity Name

GLENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90053 010 ****61.25

Principal Place of Business

Mailing Address

39 PERTH ROAD
PALM BCH FL 33415-2842

C/O CMC MANAGEMENT
2994 JOG RD SUITE B
GREENACRES FL 33467
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

GERRISH, SCOT
C/O CMC MANAGEMENT CO.
2994 JOG RD SUITE B
GREEN ACRES FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 P/D ☐ Delete
NAME CLARKE, MARY CATHERINE
STREET ADDRESS 443 GLENWOOD RD.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ Change ☒ Addition
NAME Carpenter, Donna
STREET ADDRESS 471 Glenwood Drive
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE STD ☐ Delete
NAME COMMANDER, JOHN D
STREET ADDRESS PO BOX 3474
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GULLY, BEVERLY
STREET ADDRESS 488 GLENWOOD DR
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SWARTZ, ALICIA
STREET ADDRESS 508 GLENWOOD DR
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, President*

Mary C Clarke (561)
0123102 641-1016

CR2E037 (9/01)