2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 11, 2005 8:00 am
Secretary of State
02-11-2005 90023 002 ****61.25

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DOCUMENT # 757366

1. Entity Name
GLENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% C.A.M.S. PLUS, INC. 2000 N FLORIDA MANGO RD #102 W PALM BEACH, FL 33409	% C.A.M.S. PLUS, INC. 2000 N FLORIDA MANGO RD #102 W PALM BEACH, FL 33409

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o CAMS Plus Inc	c/o CAMS Plus Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc. ← 4524 Gun Club Rd #105
City & State	City & State ← West Palm Bch FL
Zip / Country	Zip ← 33415 / Country Palm Bch

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
FOOSE, KIM 2000 N FLORIDA MANGO RD #102 W PALM BEACH, FL 33409	Name CAMS Plus Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Kim Foose 4524 Gun Club Road #105 City West Palm Beach FL Zip Code 33405

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kim Foose president CAMS Plus 3/7/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIBSON, JOI 4641 PERTH RD W PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARPENTER, DONNA 471 GLENWOOD DR W PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COMMANDER, JON PO BOX 20846 W PALM BEACH, FL 33416	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Sec'y/Treas 1/31/05 561-758-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jonathan D. Commander