

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90036 003 ****61.25

DOCUMENT # 757366 1. Entity Name GLENWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O C.A.M.S. PLUS, INC. 4524 GUN CLUB RD #105 WEST PALM BEACH, FL 33415			Mailing Address C/O C.A.M.S. PLUS, INC. 4524 GUN CLUB RD #105 WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2132250			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMS PLUS INC. C/O KIM FOOSE 4524 GUN CLUB ROAD #105 WEST PALM BEACH, FL 33415			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBSON, JOI		NAME		
STREET ADDRESS	4641 PERTH RD		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, DONNA		NAME		
STREET ADDRESS	471 GLENWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMMANDER, JON		NAME		
STREET ADDRESS	4524 GUN CURB RD #105		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

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04172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2132250

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

7. Name and Address of New Registered Agent

Name

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

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