

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761818** (4)
1. Corporation Name
VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
C/O STERLING MNGT 1301 SEMINOLE BLVD. #172 LARGO FL 34640
C/O STERLING MNGT 1301 SEMINOLE BLVD. #172 LARGO FL 34640

3. Date Incorporated or Qualified **02/09/1982** 3a. Date of Last Report **03/28/1995**
4. FEI Number **59-2244781** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30
9. Name and Address of Current Registered Agent

~~LOEFFLER, KARL~~
1301 SEMINOLE BLVD #172
LARGO FL 34640

10. Name and Address of New Registered Agent
81 NAME **THERÈSE C. LECLERC**
82 Street Address (P.O. Box Number is Not Acceptable) **1301 SEMINOLE BLVD.**
83 **SUITE 172**
84 City **LARGO** FL 85 Zip Code **34640-8113**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Therese C. Leclerc* DATE **2/2/96**
Signature typed or printed name of registered agent (if available) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MONTANEZ, HENRY	
STREET ADDRESS	7415 GREYSTONE DR	
CITY - ST - ZIP	BAYONET POINT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUSSELL, BILL	
STREET ADDRESS	7327 GREYSTONE DR	
CITY - ST - ZIP	BAYONET POINT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BALDWIN, MARCELLA	
STREET ADDRESS	7201 GREYSTONE DR	
CITY - ST - ZIP	BAYONET POINT FL 34667	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLONDRIS, ANN	
STREET ADDRESS	7501 GREYSTONE DR	
CITY - ST - ZIP	BAYONET POINT FL 34667	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREDA, TOM	
STREET ADDRESS	7519 GREYSTONE DR	
CITY - ST - ZIP	BAYONET POINT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES BARRETT, JAMES V.	
1.3 STREET ADDRESS	2319 GREYSTONE DR.	
1.4 CITY - ST - ZIP	BAYONET POINT FL 34667	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PHILIP MARKEY	
5.3 STREET ADDRESS	7439 GREYSTONE DR	
5.4 CITY - ST - ZIP	BAYONET POINT FL 34667	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES V. BARRETT** *James V. Barrett* (813) 863-9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1/30/96**
Daytime Phone #

CR2E037 (12/95)