

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761818 (4)**  
1. Corporation Name  
**VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business C/O STERLING MNGT 1301 SEMINOLE BLVD. #172 LARGO FL 34640	Mailing Address C/O STERLING MNGT 1301 SEMINOLE BLVD. #172 LARGO FL 33770-8113
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3. Date Incorporated or Qualified <b>02/09/1982</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business 21 <b>7800 Greystone Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Bayonet Point, FL</b> Zip Country 24 <b>FL</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>8406 Massachusetts Ave</b> Suite, Apt. #, etc. 27 <b>Suite B-3</b> City & State 28 <b>New Port Richey, FL</b> Zip Country 29 <b>34653</b> 30 <b>USA</b>
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4. FEI Number <b>59-2244781</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LECLERK, THERESE C**  
1301 SEMINOLE BLVD #172  
LARGO FL 34640

10. Name and Address of New Registered Agent  
81 Name **Kim Johnson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8406 Massachusetts Ave.**  
83 **Suite B-3**  
84 City **New Port Richey, FL** 85 Zip Code **34653**

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: *Kim Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: **4/10/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARRETT, JAMES</b>	
STREET ADDRESS	<b>2319 GREYSTONE DR</b>	
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUSSELL, BIL</b>	
STREET ADDRESS	<b>7327 GREYSTONE DR</b>	
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BALDWIN, MARCELLA</b>	
STREET ADDRESS	<b>7201 GREYSTONE DR</b>	
CITY-ST-ZIP	<b>BAYONET POINT FL 34667</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLONDRIS, ANN</b>	
STREET ADDRESS	<b>7501 GREYSTONE DR</b>	
CITY-ST-ZIP	<b>BAYONET POINT FL 34667</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARKEY, PHILIP</b>	
STREET ADDRESS	<b>7439 GRAYSTONE DR</b>	
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	
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	<b>Jane Marlin</b>	
1.3 STREET ADDRESS	<b>7605 Greystone Dr</b>	
1.4 CITY-ST-ZIP	<b>Bayonet Pt, FL</b>	
2.1 TITLE	KP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Paul Dean</b>	
2.3 STREET ADDRESS	<b>5508 Catling Ct</b>	
2.4 CITY-ST-ZIP	<b>Bayonet Point FL</b>	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Anne Di Simone</b>	
3.3 STREET ADDRESS	<b>7409 Greystone Dr</b>	
3.4 CITY-ST-ZIP	<b>Bayonet Pt, FL</b>	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lawrence Simpson</b>	
4.3 STREET ADDRESS	<b>7625 Greystone Dr</b>	
4.4 CITY-ST-ZIP	<b>Bayonet Pt FL</b>	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>John Ten Have</b>	
5.3 STREET ADDRESS	<b>7317 Greystone Dr</b>	
5.4 CITY-ST-ZIP	<b>Bayonet Pt FL</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jane Marlin* DATE: **3/28/97** DAYTIME PHONE # **813 862 9811**

CR2E037 (9/96)