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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 7800 GREYSTONE DR BAYONET POINT FL 34640 US	Mailing Address 8406 MASSACHUSETTES AVE B3 NEW PORT RICHEY FL 34853 US
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3. Date Incorporated or Qualified 02/09/1982	4. FEI Number 59-2244781	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, KIM
8406 MASSACHUSETTES AVE
B3
NEW PORT RICHEY FL 34853**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MASLIN, JANE	
STREET ADDRESS	7805 GREYSTONE DR	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DEAN, POOH	
STREET ADDRESS	8508 CATLIN CT	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DI SIMONE, ANNE	
STREET ADDRESS	7409 GREYSTONE DR	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMPSON, FLORENCE	
STREET ADDRESS	7825 GREYSTONE DR	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEN HORVE, JOHN	
STREET ADDRESS	7317 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	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jane Marlin	
1.3 STREET ADDRESS	7605 Greystone Drive	
1.4 CITY-ST-ZIP	Bayonet Point, FL 34667	
2.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marion Kollenbaum	
2.3 STREET ADDRESS	7417 Greystone Drive	
2.4 CITY-ST-ZIP	Bayonet Point, FL 34667	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sylvia Rivard	
5.3 STREET ADDRESS	7531 Greystone Drive	
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 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: *Marion Kollenbaum* April 19, 1998 813-847382

CR2E037 (10/97)