

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 761818**

1. Corporation Name

VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC

Oringinal Place of Business

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90103 037 ****61.25

Principal Place of Business Mailing Address							
7800 GREYSTO	ONE DR	8406 MASSACHUSETTES AVE				100/21 140/0 0/191 1/00) 10/81 1/891 89/1 8/0/2 0/0/4 0/0/4 0/0/4 0/0/4 0/0/4 0/0/4 0/0/4 0/0/4 0/0/4 0/0/4	
BAYONET POI	NT FL 34640	B3					
US			NEW PORT RICHEY FL 34653			J INDINE ISAST OFICE HOOD ISSUE HOOF OUR BURK BURK BURK BURK BURK BURK BURK BU	
		US					
Principal Pl	2a. Mailing Address	ig Address			3. Date Incorporated or Qualifed		
21		26				02/09/1982	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			~ _	4. FEI Number Applied For	
22		27				59-2244781 Not Applicable	
City & State	е	City & State	City & State			5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired	
23		28			Fee Required		
Zip Country		Zip Country			6. Election Campaign Financing . \$5.00 May Be		
24	25 29 30		0	Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
			8	1 Na	me	•	
IOLINICON, VINA			-	12 Stre	Address (D.O. Berry Morris Net Assessable)		
JOHNSON, KIM			*	sz stre	Street Address (P.O. Box Number is Not Acceptable)		
	SSACHUSETTES AVE	8		13			
B3			[]				
NEW POP	RT RICHEY FL 34653		ε	City	y	85 Zip Code	
		100 Fl. 11 Oth				section as her this atatement for the purpose of changing its registered	
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 of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered							
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							
	Signature, typed or printed name of registered agent		egistered A	gent signal	ture required v	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND				PD		
TITLE	VPD	DELETE	1.1 TITLE		FI	lorence Simpson	
NAME	MARLIN, JANE		1.2 NAM		176	625 Greystone Drive	
STREET ADDRESS	7605 GREYSTONE DR		1.3 STR	EET ADDR	ESS Ba	ayonet Point, FL 34667	
CITY-\$T-ZIP	BAYONET POINT FL 34667		1.4 CITY	1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITL	E	VP	PD Addition	
NAME	KOLLENBAUM, MARION		2.2 NAM	E	Ма	arion Kollenbaum	
STREET ADDRESS	7417 GREYSTONE DR		2.3 STRE	EET ADDRI	ess 74	arion Kollenbaum 417 Greystone Drive	
C/TY-\$T-Z/P	BAYONET POINT FL 34667		2.4 CM	-ST-ZIP	Ва	ayonet Point, FL 34667	
TITLE	TD	☐ DELETE	3.1 TITL	E	TD	Change Addition	
NAME	DI SIMONE, ANNE		3.2 NAM	Ε	Ān	ngelina DiSimone	
STREET ADDRESS	7409 GREYSTONE DR		3,3 STR	EET ADOR	_{ESS} 74	409 Greystone Drive	
	BAYONET POINT FL			(-ST-ZIP		ayonet Point, FL 34667	
CITY-ST-ZIP	SD SD	DELETE	4.1 TITL		SD		
			4. 2 NAM		G1	loria Zimlinghaus	
NAME	SIMPSON, FLARENCE				1 68	8 Harris Street	
STREET ADDRESS	7625 GREYSTONE DR		1	EET ADDR	™ Pa	atchogue, NY 11772	
CITY-ST-ZIP	BAYONET POINT FL	T NOW TO	4.4 CITY			☐ Change ☐ Addition	
TME	D	D ECETE	5.1 TTL				
NAME	RIVARD, SYLVIA		5.2 NAM				
STREET ADDRESS	7531 GREYSTONE DR			EET ADDR	ESS		
CITY-ST-ZIP	BAYONET POINT FL 34667	·	5.4 CITY				
πιε		☐ DELETE	6.1 TITL		}	☐ Change ☐ Addition	
NAME			6.2 NAM	Œ			
STREET ADDRESS			6.3 STR	EET ADDR	ESS		
			I		1		

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, with all other like empowered.

SIGNATURE:

Ann DESTMOTEJRE REQUIRED AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR