

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90080 005 ****61.25

DOCUMENT # 761818

1. Entity Name

VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

7800 GREYSTONE DR
 BAYONET POINT FL 34640
 US

8406 MASSACHUSETTES AVE
 B3
 NEW PORT RICHEY FL 34653
 US

110034330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10730 U. S. 19
 Suite, Apt. #, etc.
 Suite 17

10730 U. S. 19
 Suite, Apt. #, etc.
 Suite 17

City & State

City & State

Port Richey, FL 34668

Port Richey, FL 34668

4. FEI Number

59-2244781

Applied For

Not Applicable

Zip

Country

34668

Pasco

Zip

Country

34668

Pasco

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KIM
 8406 MASSACHUSETTES AVE
 B3
 NEW PORT RICHEY FL 34653

Name
Qualified Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 10730 U. S. Highway 19

Suite 17

City

Port Richey

FL

Zip Code

34668

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **SIMPSON, FLORENCE**
 STREET ADDRESS **7625 GREYSTONE DRIVE**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **VPO** Change Addition
 NAME **Marlin, Jane**
 STREET ADDRESS **7605 Greystone Drive**
 CITY-ST-ZIP **Bayonet Point, FL**

TITLE **VPO** Delete
 NAME **KOLLENBAUM, MARION**
 STREET ADDRESS **7417 GREYSTONE DR**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **PD** Change Addition
 NAME **Kollenbaum, Marion**
 STREET ADDRESS **7417 Greystone Dr.**
 CITY-ST-ZIP **Bayonet Point, FL**

TITLE **TD** Delete
 NAME **DI SIMONE, ANNE**
 STREET ADDRESS **7409 GREYSTONE DR**
 CITY-ST-ZIP **BAYONET POINT FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SIMPSON, FLARENCE**
 STREET ADDRESS **7625 GREYSTONE DR**
 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D** Change Addition
 NAME **Rivard, Sylvia**
 STREET ADDRESS **7531 Greystone Drive**
 CITY-ST-ZIP **Bayonet Point, FL**

TITLE **SD** Delete
 NAME **ZIMLINGHAUS, GLORIA**
 STREET ADDRESS **88 HARRIS STREET**
 CITY-ST-ZIP **PATCHOGUE NY 11772**

TITLE **SD** Change Addition
 NAME **Warrillow, Mary Ann**
 STREET ADDRESS **7311 Greystone Drive**
 CITY-ST-ZIP **Bayonet Point, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Marion Kollenbaum (Handwritten Signature) **3-30-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)