

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90649 011 ****61.25

DOCUMENT # 761818			
1. Entity Name VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY FL 34668 US		Mailing Address 10730 US 19 SUITE 17 PORT RICHEY FL 34668 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



34031490



MOORE CR2E037 (11/03)

4. FEI Number 59-2244781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
QUALIFIED PROPERTY MANAGEMENT INC. 10730 US HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALTMAN, BERNARD -			NAME	Dean, Robert		
STREET ADDRESS	7607 GREYSTONE DRIVE -			STREET ADDRESS	7335 Greystone Drive		
CITY-ST-ZIP	BAYONET POINT FL -			CITY-ST-ZIP	Bayonet Point, FL		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, FLORENCE			NAME			
STREET ADDRESS	7625 GREYSTONE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BAYONET POINT FL			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FEENEY, LAWRENCE -			NAME	Harrington, S. Jeanette		
STREET ADDRESS	7409 GREYSTONE DRIVE -			STREET ADDRESS	7605 Greystone Drive -		
CITY-ST-ZIP	BAYONET POINT FL -			CITY-ST-ZIP	Bayonet Point, FL		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVARD, SYLVIA			NAME			
STREET ADDRESS	7531 GREYSTONE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BAYONET POINT FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STAMATOBOULOS, BARBARA			NAME	Kollenbaum, Marion		
STREET ADDRESS	7215 GREYSTONE DRIVE -			STREET ADDRESS	7417 Greystone Drive		
CITY-ST-ZIP	BAYONET POINT FL -			CITY-ST-ZIP	Bayonet Point, FL		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: S. Jeanette Harrington, Treasurer 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #