
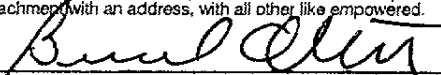


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | | | | |
|--|-------------------------|---|--|---|
| DOCUMENT # 761818 | | | |  |
| 1. Entity Name VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC. | | | | |
| Principal Place of Business 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654 US | | | Mailing Address PO BOX 1407 PORT RICHEY, FL 34673 US | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 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 | |
| MYSZKOWIAK, MARY ANN 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRINGTON, S. JEANETTE | | NAME | |
| STREET ADDRESS | 7605 GREYSTONE DR. | | STREET ADDRESS | |
| CITY-ST-ZIP | BAYONET POINT, FL | | CITY-ST-ZIP | |
| 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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAMATOPOULOS, BARBARA | | NAME | |
| STREET ADDRESS | 7215 GREYSTONE DR | | STREET ADDRESS | |
| CITY-ST-ZIP | BAYONET PT, FL 34667 | | CITY-ST-ZIP | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALTMAN, BERNIE | | NAME | |
| STREET ADDRESS | 7607 GREYSTONE DR | | STREET ADDRESS | |
| CITY-ST-ZIP | BAYONET, FL 34667 | | CITY-ST-ZIP | |
| 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 | |
| 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 exemptions contained in Chapter 119, 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:  | | | 4-17-06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE | DAYTIME PHONE # |