


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 014 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2244781	
				Applied For 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) 6710 EMBASSY BLVD Suite 204		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD HARRINGTON, S. JEANETTE 7605 GREYSTONE DR. BAYONET POINT, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVARD, SYLVIA 7531 GREYSTONE DRIVE BAYONET POINT, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMATOPOULOS, BARBARA 7215 GREYSTONE DR BAYONET PT, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTMAN, BERNIE 7607 GREYSTONE DR BAYONET, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MaryAnn Warillow 7311 Greystone Dr Bayonet Pt FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Isabelle Jeffariés 2852 Pearl St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EAST Pt, GA 30349	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>S. Jeanette Harrington</i>			Date: 4/24/07		Daytime Phone #: 727-859-9734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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