


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90401 034 ****61.25

DOCUMENT # 762507 1. Entity Name SCOTTSGLADE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13710 52ND PLACE SOUTH WELLINGTON, FL 33467 US			Mailing Address 13710 52ND PLACE SOUTH WELLINGTON, FL 33467 US		
2. Principal Place of Business 13821 53 Rd So.		3. Mailing Address 13821 53 Rd So			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wellington FL		City & State Wellington FL		4. FEI Number 59-2757726	
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, CAROL 13960 53RD ROAD SOUTH 13960 53 Rd. So. WELLINGTON, FL 33467			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	STD		TITLE	STD	
NAME	GLISSON, CLAIRE <input checked="" type="checkbox"/> Delete		NAME	CAROL COHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	13710 52ND PLACE SOUTH		STREET ADDRESS	13960 53 Rd. So.	
CITY-ST-ZIP	WELLINGTON, FL 33467		CITY-ST-ZIP	Wellington FL 33467	
TITLE	P <input type="checkbox"/> Delete		TITLE		
NAME	HALLENBECK, GILMAN		NAME		
STREET ADDRESS	13821 53RD ROAD SOUTH		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33467		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, CAROL		NAME	MARGARET DUPREY	
STREET ADDRESS	13960 53RD ROAD SOUTH		STREET ADDRESS	13800 53 Rd So.	
CITY-ST-ZIP	WELLINGTON, FL 33467		CITY-ST-ZIP	Wellington FL 33467	
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		
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: <i>Claire E. Glisson</i> Claire E. Glisson			4/27/06 793 2432		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		