

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762507

FILED
Feb 20, 2007
Secretary of State

Entity Name: SCOTTSGLADE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13821 53 RD S
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

13821 53 RD S
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-2757726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, CAROL
13900 53RD ROAD SOUTH
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: COHEN, CAROL
Address: 13960 53 RD S
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: HALLENBECK, GILMAN
Address: 13821 53RD ROAD SOUTH
City-St-Zip: WELLINGTON, FL 33467

Title: V () Delete
Name: DUPREY, MARGARET
Address: 13800 53 RD S
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL F. COHEN

VP

02/20/2007

Electronic Signature of Signing Officer or Director

Date