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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K25199

(6)

1. Corporation Name

GLENWOOD HOMES, INC.



Principal Place of Business:

110 WHISPERINGS OAKS COURT
SARASOTA FL 34232
US

Mailing Address:

110 WHISPERING OAKS COURT
~~1530 CROSS STREET~~
SARASOTA FL 34232
US

2. Principal Place of Business

2a. Mailing Address

21

26

110 Whispering Oaks Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

SARASOTA, FL.

23

28

Zip

Country

Zip

Country

24

29

34232

SARASOTA

9. Name and Address of Current Registered Agent

FULLER, WILLIAM J. III
1530 CROSS ST
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and 10% shareholder)

DATE Registered Agent (signature required for change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ROSENBERG, HAROLD J.	
STREET ADDRESS	110 WHISPERING OAKS COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	ROSENBERG, JOAN D.	
STREET ADDRESS	110 WHISPERING OAKS COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Add on
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Add on
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Add on
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Add on
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Add on
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Add on
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	☐ Change ☐ Add on

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Joan Rosenberg
JOAN ROSENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

941-378-2625

DATE

Telephone #

CR2E034 (12/95)