

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000588

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE ESTATES AT GLENN LAKES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3632539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: SCAROS, MIKE
Address: 5115 55TH ST CIRCLE W
City-St-Zip: BRADENTON, FL 34210

Title: SD () Delete
Name: MASTNY, PAT
Address: 5166 55TH ST CIRCLE W
City-St-Zip: BRADENTON, FL 34210

Title: TD () Delete
Name: COLE, DEAN
Address: 5410 52ND AVE WEST
City-St-Zip: BRADENTON, FL 34210

Title: PD () Delete
Name: RILEY, NANCY
Address: 5127 55TH STREET CIR W
City-St-Zip: BRADENTON, FL 34210

Title: D () Delete
Name: MYNATT, KEITH
Address: 5505 52ND AVE W
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCAROS, MIKE
Address: 5115 55TH ST CIRCLE W
City-St-Zip: BRADENTON, FL 34210

Title: VPD (X) Change () Addition
Name: MASTNY, PAT
Address: 5166 55TH ST CIRCLE W
City-St-Zip: BRADENTON, FL 34210

Title: PD (X) Change () Addition
Name: COLE, DEAN
Address: 5410 52ND AVE WEST
City-St-Zip: BRADENTON, FL 34210

Title: SD (X) Change () Addition
Name: RILEY, NANCY
Address: 5127 55TH STREET CIR W
City-St-Zip: BRADENTON, FL 34210

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

I hereby certify that the information supplied with this filing does not qualify 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: DEAN COLE

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date