

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007130

FILED
Mar 21, 2007
Secretary of State

Entity Name: GLENMOOR TRAIL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 541
GONZALEZ, FL 32560

New Principal Place of Business:

2415 BOWLING GREEN WAY
CANTONMENT, FL 32533

Current Mailing Address:

P. O. BOX 541
GONZALEZ, FL 32560

New Mailing Address:

FEI Number: 59-3691979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, VICTOR C MR.
2520 BOWLING GREEN WAY
SUITE 7
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

SCALLAN, THEODORE MR.
3181 BYRON PLACE
CANTONMENT, FL 32533 US

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: THEODORE SCALLAN

03/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, VICTOR C MR.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

Title: V () Delete
Name: SCALLAN, THEODORE MR.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

Title: D () Delete
Name: HENSELER, LORRAINE MRS.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

Title: T () Delete
Name: CRABTREE, DALE MR.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

Title: S () Delete
Name: BROWN, CYNTHIA G MRS.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCALLAN, THEODORE MR.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

Title: V (X) Change () Addition
Name: BLACKMON, CLIFF MR.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

Title: D (X) Change () Addition
Name: COX, PAULA MRS.
Address: P.O. BOX 541
City-St-Zip: GONZALEZ, FL 32560

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: CYNTHIA G. BROWN

S

03/21/2007

Electronic Signature of Signing Officer or Director

Date