## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007130

FILED Mar 03, 2009 Secretary of State

Entity Name: GLENMOOR TRAIL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2415 BOWLING GREEN WAY CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

P. O. BOX 541 GONZALEZ, FL 32560

FEI Number: 59-3691979 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRABTREE, DALE MR.

2491 BOWLING GREEN WAY

CANTONMENT, FL 32533 US

BROWN, CYNTHIA MRS

2491 BOWLING GREEN WAY

CANTONMENT, FL 32533 US

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: CYNTHIA G. BROWN 03/03/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: CRABTREE, DALE MR. Name: BLACKMON, CLIFF MR.
Address: P.O. BOX 541 Address: P.O. BOX 541

Address. P.O. BOX 541

City-St-Zip: GONZALEZ, FL 32560

City-St-Zip: GONZALEZ, FL 32560

Title: V ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 BLACKMON, CLIFF MR.
 Name:
 ROCCO, JOAN MS

 Address:
 P.O. BOX 541
 Address:
 P.O. BOX 541

 City-St-Zip:
 GONZALEZ, FL 32560
 City-St-Zip:
 GONZALEZ, FL 32560

Title: D () Delete Title: D (X) Change () Addition Name: ROCCO, JOAN MS Name: KIM, ANDREW MR

 Address:
 P.O. BOX 541
 Address:
 P.O. BOX 541

 City-St-Zip:
 GONZALEZ, FL 32560
 City-St-Zip:
 GONZALEZ, FL 32560

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: KIM, ANDREW MR. Name: CRABTREE, DALE MR.

 Name:
 KIM, ANDREW MR.
 Name:
 CRABTREE, DALE MR.

 Address:
 P.O. BOX 541
 Address:
 P.O. BOX 541

 City-St-Zip:
 GONZALEZ, FL 32560
 City-St-Zip:
 GONZALEZ, FL 32560

Title: S () Delete Title: () Change () Addition

 Name:
 BROWN, CYNTHIA G MRS.
 Name:

 Address:
 P.O. BOX 541
 Address:

 City-St-Zip:
 GONZALEZ, FL 32560
 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: CYNTHIA G. BROWN SEC 03/03/2009