

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007130

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** GLENMOOR TRAIL HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3171 BYON PLACE  
CANTONMENT, FL 32533

**New Principal Place of Business:**

2426 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:**

CRABTREE, DALE MR  
2491 BOWLING GREEN WAY  
CANTONMENT, FL 32533 US

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

REID, MICHAEL S MR  
2491 BOWLING GREEN WAY  
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: MICHAEL S. REID

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROCCO, JOAN MS.  
Address: P.O. BOX 541  
City-St-Zip: GONZALEZ, FL 32560

Title: V  
Name: EARLY, RUSS MR.  
Address: P.O. BOX 541  
City-St-Zip: GONZALEZ, FL 32560

Title: D  
Name: COOK, MARSHA MRS.  
Address: P.O. BOX 541  
City-St-Zip: GONZALEZ, FL 32560

Title: T  
Name: BRAUNEIS, SCOTT MR.  
Address: P.O. BOX 541  
City-St-Zip: GONZALEZ, FL 32560

Title: S  
Name: REID, MICHAEL S MR  
Address: P.O. BOX 541  
City-St-Zip: GONZALEZ, FL 32560

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. REID

S

03/13/2012

Electronic Signature of Signing Officer or Director

Date