
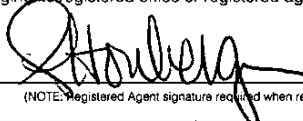
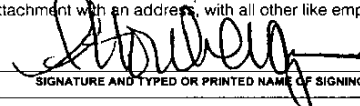


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90021 014 ****61.25

DOCUMENT # N00766			
1. Entity Name GLEN PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 606 S GLEN AVE UNIT X 3 TAMPA, FL 33609		Mailing Address 606 S GLEN AVE UNIT X 3 TAMPA, FL 33609	
2. Principal Place of Business 606 S. Glen Ave Unit 3 Suite, Apt. #, etc.		3. Mailing Address 606 S. Glen Ave Unit 3 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country USA	Zip 33609	Country USA
4. FEI Number 59-2401890		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILLINGER JOSHUA 606 S GLEN AVE UNIT 7 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name: Amanda Hornberger Street Address (P.O. Box Number is Not Acceptable): 606 S Glen Ave Unit 3 City: Tampa FL Zip Code: 33609	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Amanda Hornberger  DATE: 4/3/2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: SARA, WILSON STREET ADDRESS: 606 S GLEN AVE, UNIT 6 CITY-ST-ZIP: TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE: Vice President NAME: MELISSA HENRY STREET ADDRESS: 606 S. Glen Ave, Unit 5 CITY-ST-ZIP: Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DIR NAME: BEVER, VIRGINIA STREET ADDRESS: 606 S. GLEN AVE. UNIT #9 CITY-ST-ZIP: TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: PLESS, JIM STREET ADDRESS: 606 S. GLEN AVE, UNIT 8 CITY-ST-ZIP: TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: DILLINGER, JOSHUA STREET ADDRESS: 606 S. GLEN AVE. UNIT #7 CITY-ST-ZIP: TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREA NAME: HORNBERGER, MANDY STREET ADDRESS: 606 S. GLEN AVE., UNIT #3 CITY-ST-ZIP: TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE: President, Treasurer, DIR NAME: Amanda (Mandy) Hornberger STREET ADDRESS: 606 S. Glen #3 CITY-ST-ZIP: Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Amanda Hornberger, President		Date: 4/3/2006 Daytime Phone #: 813-541-1777	