2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV 26 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LY 11-28-07

DOCUMENT # N02000003208

1. Entity Name
GLYNWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 KIRKMAN RD STE 450 ORLANDO, FL 32819	COMMINITY MANAGEMENT PROFESSIONALS 5401 S. KIRKMEN RD. #450 ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
225 S. Westmonte Drive	c/o Vista Community Association Mgmt.
Suite, Apt. #, etc.: Suite 3310	Suite, Apt. #, etc.: P.O. Box 162147
City & State: Altamonte Springs, FL	City & State: Altamonte Springs
Zip: 32714 Country: US	Zip: 32716 Country: US

11092007 Chg-NP CR2E037 (12/06)

4. FEI Number: 06-1638742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD STE 450 ORLANDO, FL 32819	Name: Womack Ellen R. Street Address (P.O. Box Number is Not Acceptable): 225 S. Westmonte Drive Suite 3310 City: Altamonte Springs FL Zip Code: 32714

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: Ellen R. Womack Ellen R. Womack 11/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BENNETT, DANA A 237 WESTMONTE DRIVE, SUITE 111 ALTAMONTE SPRINGS, FL 32714	☑ Delete	P Foley, Brian E. 730 Duff Drive Winter Garden, FL 34787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WILLS, ERIC K 237 WESTMONTE DRIVE, SUITE 111 ALTAMONTE SPRINGS, FL 32714	☑ Delete	T Columbia, Albert 743 Duff Drive Winter Garden, FL 34787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MAJOIRE, COLLEEN 237 WESTMONTE DR., STE. 111 ALTAMONTE SPRINGS, FL 32714	☑ Delete	V Bahr, Todd 13555 Glynshel Drive Winter Garden, FL 34787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOLLO, KATHY 313 DUFF DRIVE WINTER GARDEN, FL 34787	☑ Delete	S Robinson, Joyce 13743 Glynshel Drive Winter Garden, FL 34787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SEALS, LARRY 748 DUFF DRIVE WINTER GARDEN, FL 34787	☑ Delete	500112703995 11/29/07--01051--029 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVERY, ORA 331 DUFF DRIVE WINTER GARDEN, FL 34787	☑ Delete		☐ Change ☐ 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: Brian Foley / BRIAN FOLEY 11/15/07 407-412-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #