

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003208

FILED
Apr 29, 2008
Secretary of State

Entity Name: GLYNWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

C/O VISTA COMMUNITY ASSOCIATION MGMT.
P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 06-1638742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOLEY, BRIAN E
Address: 730 DUFF DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: COLUMBIA, ALBERT
Address: 743 DUFF DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: V () Delete
Name: BAHR, TODD
Address: 13555 GLYNSHEL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: ROBINSON, JOYCE
Address: 13743 GLYNSHEL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOLEY, BRIAN E
Address: 730 DUFF DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD (X) Change () Addition
Name: COLUMBIA, ALBERT
Address: 743 DUFF DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD (X) Change () Addition
Name: SEAB, LARRY
Address: 748 DUFF DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: EDGHILL, TREVOR
Address: 13518 GLYNSHEL DR
City-St-Zip: WINTER GARDEN, FL 34787

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: BRIAN FOLEY

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date