2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003208

FILED Apr 28, 2009 Secretary of State

Entity Name: GLYNWOOD HOMEOWNERS ASSOCIATION, INC.

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

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 06-1638742 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:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 FOLEY, BRIAN E
 Name:
 CARNL, RAUL

 Address:
 730 DUFF DRIVE
 Address:
 438 DUFF DRIVE

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

 Name:
 COLUMBIA, ALBERT
 Name:
 COLUMBIA, ALBERT

 Address:
 743 DUFF DRIVE
 Address:
 743 DUFF DRIVE

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete Title: () Change () Addition

 Name:
 SEAB, LARRY
 Name:

 Address:
 748 DUFF DRIVE
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:

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

Name: ROBINSON, JÓYCE Name: ROBINSON, CHÚCK
Address: 13743 GLYNSHEL DRIVE Address: 13743 GLYNSHEL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete Title: DV (X) Change () Addition

Name:EDGHILL, TREVORName:EDGHILL, TREVORAddress:13518 GLYNSHEL DR13518 GLYNSHEL DRCity-St-Zip:WINTER GARDEN, FL 34787City-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: ALBERT COLOMBIA DP 04/28/2009