2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90079 036 ****61.25

DOCUMENT # N03000002309

1. Entity Name
GLENWOOD FOREST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32606	PO BOX 357845 GAINESVILLE, FL 32635

03272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 9301	P.O. Box 9301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lee, Florida	City & State: Lee, Florida
Zip: 32059 Country: U.S.A.	Zip: 32059 Country: USA

4. FEI Number 65-1178189 ☐ 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
DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	Name: Cynthia Dell Street Address (P.O. Box Number is Not Acceptable): 4300 N.E. 16 Ave City: Oakland Park FL Zip Code: 33334

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: Cynthia Dell Cynthia Dell 3-30-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	PD MCDONALD, JANET L 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Bruce Reeves P.O. Box 772 Lee, Fl. 32059	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD David Langston 4300 N.E. 16 Ave Oakland Park, Fl 33334	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Cynthia Dell 4300 N.E. 16 Ave Oakland Park, Fl 33334	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cynthia Dell Cynthia Dell 3-30-05 954-938-9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #