

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000002309</b>                                              |  |
| 1. Entity Name<br><b>GLENWOOD FOREST PROPERTY OWNERS' ASSOCIATION, INC.</b> |                                                                                   |

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br><b>P.O. BOX 9301<br/>LEE, FL 32059</b> | Mailing Address<br><b>P.O. BOX 9301<br/>LEE, FL 32059</b> |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03042006 No Chg-NP CR2E037 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1178189</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**DELL, CYNTHIA  
4300 NE 16 AVE.  
OAKLAND PARK, FL 33334**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                                                                                        |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                    |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>REEVES, BRUCE<br>P.O. BOX 772<br>LEE, FL 32059              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>LANGSTON, DAVID<br>4300 NE 16 AVE<br>OAKLAND PARK, FL 33334 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>DELL, CYNTHIA<br>4300 NE 16 AVE<br>OAKLAND PARK, FL 33334  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   |

**DO NOT WRITE IN THIS SPACE**

U00000459165  
03/18/06-80021-003 61.25

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: *Cynthia Dell S.T.D.* *Cynthia Dell S.T.D.* 3-6-06 954-238-9456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #