

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

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007634 1. Entity Name GLENWOOD EAST PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32606	Mailing Address PO BOX 357845 GAINESVILLE, FL 32635
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 57-1185960	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)
DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	11000003401679 02/02/06-80055-005 61.25
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JANET L 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Janet L. McDonald 1/18/06 352-334-1976 Daytime Phone #