

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90325 042 ****61.25

DOCUMENT # N03000007634

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



Principal Place of Business
**4127 NW 27TH LN.
SUITE A
GAINESVILLE, FL 32606**

Mailing Address
**PO BOX 357845
GAINESVILLE, FL 32635**

40063703



2. Principal Place of Business - No P.O. Box #
15865 W. Wind Cir.

3. Mailing Address
PO Box 266771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State
Sunrise, FL

City & State
Weston, FL

4. FEI Number
57-1185960

Applied For
Not Applicable

Zip
33326

Country
US

Zip
33326

Country
US

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**

7. Name and Address of New Registered Agent

Name
Korn, Lori
Street Address (P.O. Box Number is Not Acceptable)
15865 W. Wind Cir.
City
Sunrise FL Zip Code
33326

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 Lori G. Korn **Lori G. Korn, Secretary/Treasurer** 04/09/2007
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, 2007**

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

TITLE PD ☒ Delete
NAME MCDONALD, JANET L
STREET ADDRESS 4127 NW 27TH LN., SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE VPD ☒ Delete
NAME LEE, DENNIS G
STREET ADDRESS 4127 NW 27TH LN., SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE STD ☒ Delete
NAME DAVIES, LISA
STREET ADDRESS 4127 NW 27TH LN., SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME Mesa-Ortiz, Helen
STREET ADDRESS 12250 SW 129 Ct., #109
CITY-ST-ZIP Miami, FL 33186

TITLE VP/D ☐ Change ☒ Addition
NAME Martinez, Robert
STREET ADDRESS 11033 NW 17 Manor
CITY-ST-ZIP Coral Springs, FL 33071

TITLE S/T/D ☐ Change ☒ Addition
NAME Korn, Lori
STREET ADDRESS 15865 W. Wind Cir.
CITY-ST-ZIP Sunrise, FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Lori G. Korn **Lori G. Korn** 04/09/2007 (954) 806-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #