

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.



40063703



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

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

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

3. Mailing Address
PO Box 266771

Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State
Sunrise, FL

City & State
Weston, FL

Zip
33326

Country
US

Zip
33326

Country
US

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JANET L 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mesa-Ortiz, Helen 12250 SW 129 Ct., #109 Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Martinez, Robert 11033 NW 17 Manor Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Korn, Lori 15865 W. Wind Cir. Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #