


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000007634	
1. Entity Name GLENWOOD EAST PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 158665 W WIND CIR SUNRISE, FL 33326	Mailing Address PO BOX 266771 WESTON, FL 33326
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04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1185960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KORN, LORI
15865 W WIND CIR
SUNRISE, FL 33326

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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 reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000913199 05/08/08-80006-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME MESA-ORTIZ, HELEN
STREET ADDRESS 12250 SW 129 CT #109	CITY-ST-ZIP MIAMI, FL 33186
TITLE VPD	NAME MARTINEZ, ROBERT
STREET ADDRESS 11033 NW 17 MANOR	CITY-ST-ZIP CORAL SPRINGS, FL 33071
TITLE STD	NAME KORN, LORI
STREET ADDRESS 15865 W WIND CIR	CITY-ST-ZIP SUNRISE, FL 33326
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: Helen Mesa Ortiz President Helen Mesa Ortiz 4/14/08 805-255-8884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #