

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007634

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

158665 W WIND CIR
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX 266771
WESTON, FL 33326

New Mailing Address:

FEI Number: 57-1185960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, LORI
15865 W WIND CIR
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MESA-ORTIZ, HELEN
Address: 12250 SW 129 CT #109
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: MARTINEZ, ROBERT
Address: 11033 NW 17 MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD () Delete
Name: KORN, LORI
Address: 15865 W WIND CIR
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN MESA ORTIZ

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date