2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N03000008960

Entity Name: GLINMORE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4000 OLD DIXIE HWY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4000 OLD DIXIE HWY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-0668727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGGIO, NICK
1469 CARLOW CIRCLE
ORMOND BEACH, FL 32174 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: S ( ) Delete
Name: WILKIE, DAVID
Address: 1456 CARLOW CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete
Name: KNIES, HENRY
Address: 1459 CARLOW CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: SMITH, JOHN B
Address: 3003 GUN CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: KIRKPATRICK, LARRY
Address: 3027 GLIN CIR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: NELSON, NOREEN
Address: 1409 CARLOW CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: D (X) Change ( ) Addition
Name: LABATE, DIANE
Address: 1321 KILLBRICKEN CIR
City-St-Zip: ORMOND BEACH, FL 32174

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: HENRY KNIES T 01/11/2009

Electronic Signature of Signing Officer or Director — Date