

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008960

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**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:**

P.O.BOX 2858  
ORMOND BEACH, FL 32175

**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, NICKOLAS PRES.  
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:** VP  
**Name:** LOEBEL, EVA  
**Address:** 1438 CARLOW CIRCLE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** S/T  
**Name:** SARGIS, BERTIE  
**Address:** 3010 GLIN CIRCLE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** NOVAK, JOHN  
**Address:** 3022 GLIN CIR  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** KNIES, HENRY  
**Address:** 1459 CARLOW CIRCLE  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

**SIGNATURE:** BERTIE SARGIS

S/T

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date