

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008720

FILED
Jan 30, 2006
Secretary of State

Entity Name: GLOVER ESTATE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

502 THOMAS AVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

502 THOMAS AVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2958036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADEN, MARVIN
502 THOMAS AVE
LEESBURG, FL 34748 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: FISCHER, JAMES
Address: 502 THOMAS AVE
City-St-Zip: LEESBURG, FL 34748

Title: STD () Delete
Name: MILLS, MARY LOU
Address: 502 THOMAS AVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BADEN, MARVIN
Address: 502 THOMAS AVE
City-St-Zip: LEESBURG, FL 34748

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 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: JAMES FISCHER

P

01/30/2006

Electronic Signature of Signing Officer or Director

Date