

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000005470

1. Entity Name
THE GLEN HOMEOWNERS ASSOCIATION OF
FRUITLAND PARK, INC.



Principal Place of Business
C/O EPM SERVICES
PO BOX 915322
LONGWOOD, FL 32791

Mailing Address
C/O EPM SERVICES
PO BOX 915322
LONGWOOD, FL 32791

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 197043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER SPRINGS, FL

Zip

Zip

32719

Country

USA

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3177808

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL ASSOC. MANAGEMENT CORP.
165 WEST SR 434
WINTER SPRINGS, FL 32708

Name EPM Services

Street Address (P.O. Box Number is Not Acceptable)

165 SR 434

City Winter Spring FL Zip Code 32708

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PST
NAME MOUKHTARA, MICHEL
STREET ADDRESS 14197 SOUTH HIGHWAY 441
CITY-ST-ZIP LAKE CITY, FL 32024

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Michel Moukhatra

2-2-07

407-307-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #