


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

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010538 1. Entity Name GLENBROOKE SARASOTA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8121 45TH COURT EAST SARASOTA, FL 34243	Mailing Address POB 60195 FORT MYERS, FL 33906
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4543763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAYLAND, TERRY
7680 CAMBRIDGE MANOR PL SUITE 101
FT MYERS, FL 33907**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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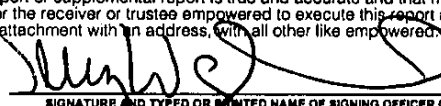
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMP, RAYMOND T 8556 E STATE RD #2 NEW CARLISLE, IN 46552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAYLAND, TERRY R 7680 CAMBRIDGE MANOR PL SUITE 101 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CENTERS, WILLIAM 7354 COTTAGE OAK PORTAGE, MI 49024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/28/07-80002-012 61.25

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:  **Terry Wayland** **7-2-07 275-8320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #