

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 047 ****61.25

DOCUMENT # N06000001134

1. Entity Name
GLENDALE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
21101 VOYAGER BLVD
LAND O' LAKES, FL 34639

Mailing Address
8359 BEACON BLVD
513
FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #
24646 State Rd. 54

3. Mailing Address
24646 State Rd. 54

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Lutz Florida

City & State
Lutz Florida

Zip
33559

Country
US

Zip
33559

Country
US

6. Name and Address of Current Registered Agent

MOSLEY, ROBERT
SERVICES TAYLOR MADE
8359 BEACON BLVD #513
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Condominium Associates

Street Address (P.O. Box Number is Not Acceptable)
24646 State Rd. 54, Suite 102

City
Lutz

FL

Zip Code
33559

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 Kathy Bramhall Kathy Bramhall CMCA, AMS 1/8/08

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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TREVOR 4021 VOYAGER BLVD #P-4 LAND O' LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Andrew Holsinger 21038 Voyager Blvd. #D-6 Land O'Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, STEPHANIE 21038 VOYAGER BLVD D-4 LAND O' LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Math Dykeman 21021 Voyager Blvd. #L-1 Land O'Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, CARLA 21027 VOYAGER BLVD K-1 LAND O' LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ken Mascio Jr. 21026 Voyager Blvd. #B-3 Land O'Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASCIO, KENNETH 1404 HOUNDS HOLLOW CT LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, YVONNE 21038 VOYAGER BLVD #D-8 LAND O LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Mitchell 4021 My Lady Lane #P-2 Land O'Lakes, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: [Signature] 1/16/08 813-341-0943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #