

N14000005051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

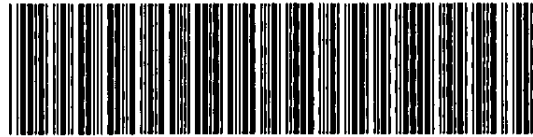
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED ARTICLE  
IV (MANNER) TO READ  
"BY VOTE"; PER TELEPHONE  
CONVERSATION WITH  
MICHAEL F. CONRAD.  
E 05/29/14

Office Use Only



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05/27/14--01023--009 \*\*78.75

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14 MAY 27 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E 05/29/14

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Glenshire Court Homeowners Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM: Michael F. Conrad**  
Name (Printed or typed)

**2402 Glenshire Lane**  
Address

**Tallahassee, FL 32309**  
City, State & Zip

**850-668-5043**  
Daytime Telephone number

**conrad40@comcast.net**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Glenshire Court Homeowners' Association, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address:  
2402 Glenshire Lane

Mailing address, if different is:

Tallahassee, FL 32309

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to ensure the proper legal representation of the nine homeowners  
in this homeowners association. This is a reinstatement of the previous Glenshire Court Homewers Association, Inc.

To conduct business as a homeowners association with banking privileges, collection of dues, and minutes of meetings.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: BY VOTE

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Augustine Nkembo, Pres.

Address: 3755 Forsythe Way  
Tallahassee, FL 32309

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Pattie Maney, Secretary

Address: 2409 Glenshire Lane  
Tallahassee, FL 32309

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Michael F. Conrad, Tres.

Address: 2402 Glenshire Lane  
Tallahassee, FL 32309

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John R. Hill III

Address: 2412 Glenshire Lane  
Tallahassee, FL 32309

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael F. Conrad

Address: 2402 Glenshire Lane  
Tallahassee, FL 32309

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X   
Required Signature of Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature of Incorporator

5/20/14  
Date