
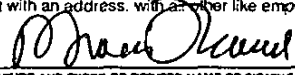


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 034 ****61.25

DOCUMENT # N15976 1. Entity Name GLENSHIRE COURT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3755 FORSYTHE WAY TALLAHASSEE, FL 32308			Mailing Address 2406 GLENSHIRE LANE TALLAHASSEE, FL 32308-3055		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2892455	
Zip 32309		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32309		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMOCK, NORMA 3755 FORSYTHE WAY TALLAHASSEE, FL 32308			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when changing)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD DESSOMMES, CHARLES <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	2414 GLENSHIRE LANE		NAME	CONRAD, MICHAEL	
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS	2402 GLENSHIRE LN.	
CITY - ST - ZIP			CITY - ST - ZIP	TALLAHASSEE, FL	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOCK, NORMA		NAME		
STREET ADDRESS	3755 FORSYTHE WAY		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, MYRA		NAME		
STREET ADDRESS	2406 GLENSHIRE LANE		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.					
SIGNATURE: 		MICHAEL F. CONRAD		7/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Date of Filing	