

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N17689**

1. Entity Name

GLENMOOR HOMEOWNERS ASSOCIATION, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90202 035 ****61.25

Principal Place of Business

4434 GLENVIEW LN. (WINTER PARK 32792)
P.O. BOX 1312
GOLDENROD FL 32733-8312

Mailing Address

4434 GLENVIEW LN. (WINTER PARK 32792)
P.O. BOX 1312
GOLDENROD FL 32733-8312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2891160

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, JANICE AVERILL
801 N. MAGNOLIA AVE.
ORLANDO FL 32792

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MOREHEAD, HARRT**
STREET ADDRESS **4444 GLENMOOR CT.**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **LAPETER, PAMELA**
STREET ADDRESS **7564 GLENMOOR LANE**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **ALBRECHT, CHRIS**
STREET ADDRESS **4476 GLENMOOR CT**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **HO, COLISA**
STREET ADDRESS **7548 GLENMOOR LANE**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE REJECTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-2001 407-671-7056

CR2E037 (10/00)