

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90150 027 \*\*\*\*61.25

**DOCUMENT # N17689**

1. Entity Name

**GLENMOOR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4434 GLENVIEW LN. (WINTER PARK 32792)**  
**P.O. BOX 1312**  
**GOLDENROD FL 32733-8312****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 &amp; State

City &amp; 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 \$61.25**9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MOREHEAD, HARRT	4444 GLENMOOR CT.	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
TD	LAPETER, PAMELA	7564 GLENMOOR LANE	WINTER PARK-FL-32792	<input type="checkbox"/>
VD	ALBRECHT, CHRIS	4476 GLENMOOR CT	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
SD	HO, COUSA	7548 GLENMOOR LANE	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	ALBRECHT, CHRIS	4476 GLENMOOR CT.	WINTER PARK, FL 32792	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD	GERBER, CHUCK	7635 GLENMOOR LANE	WINTER PARK, FL 32792	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	ALBRECHT, LISA	4476 GLENMOOR CT.	WINTER PARK, FL 32792	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **PAMELA S. LAPETER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Jan. 24, 02****407-671-**  
**1056**

CR2E037 (9/01)