



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90021 012 \*\*\*\*61.25

<b>DOCUMENT # N17689</b> 1. Entity Name <b>GLENMOOR HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>4434 GLENVIEW LN. (WINTER PARK 32792)</del> P.O. BOX 1312 GOLDENROD, FL 32733-8312			Mailing Address <del>4434 GLENVIEW LN. (WINTER PARK 32792)</del> P.O. BOX 1312 GOLDENROD, FL 32733-8312		
<b>54063989</b>					
					
2. Principal Place of Business <b>7564 GLENMOOR LANE WINTER PARK, FL</b>		3. Mailing Address <b>7564 GLENMOOR LANE WINTER PARK, FL</b>			
Suite, Apt. #, etc. <b>P.O. BOX 1312</b>		Suite, Apt. #, etc. <b>P.O. BOX 1312</b>		07172004 Chg-NP CR2E037 (10/03)	
City & State <b>GOLDENROD, FL.</b>		City & State <b>GOLDENROD, FL.</b>		4. FEI Number <b>59-2891160</b>	
Zip <b>32733</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KELLY, JANICE AVERILL</b> <b>801 N. MAGNOLIA AVE.</b> <b>ORLANDO, FL 32792</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAPETER, PAMELA 7564 GLENMOOR LANE WINTER PARK, FL 32792		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERBER, CHUCK 7635 GLENMOOR LN WINTER PARK, FL 32792		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, PAT 7651 GLENMOOR LN WINTER PARK, FL 32792		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMONNA, TERRY 7650 GLENMOOR LN WINTER PARK, FL 32792		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Pamela LaPiter</b>			<b>7-14-04</b>		<b>407-671-1056</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #