2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90369 003 ****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 32792 Winter Park FL.

07172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business WINTER PARK, FL	3. Mailing Address
7564 GLENMOOR LANE	7564 GLENMOOR LANE
Suite, Apt. #, etc. P.O. BOX 1312	Suite, Apt. #, etc. P.O. BOX 1312
City & State GOLDENROD, FL.	City & State GOLDENROD, FL.
Zip / Country 32733 / ORANGE	Zip / Country 32733 / ORANGE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAPETER, PAMELA 7564 GLENMOOR LANE WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GERBER, CHUCK 7635 GLENMOOR LN WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PIRELA, ROBERT 7643 Glenmoor Lane Winter Park, FL. 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLLINS, PAT 7651 GLENMOOR LN WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAMONNA, TERRY 7650 GLENMOOR LN WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Pamela LaPeter 4-16-06 407-671-1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #