


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90021 043 \*\*\*\*61.25

<b>DOCUMENT # N17689</b>	
1. Entity Name <b>GLENMOOR HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>7564 GLENMOOR LANE P.O. BOX 1312 GOLDENROD, FL 32733</b>	Mailing Address <b>7564 GLENMOOR LANE P.O. BOX 1312 GOLDENROD, FL 32733</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01102008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2891160</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KELLY, JANICE AVERILL 801 N. MAGNOLIA AVE. ORLANDO, FL 32792</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TD LAPETER, PAMELA 7564 GLENMOOR LANE WINTER PARK, FL 32792</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>PD PIRELA, ROBERT 7643 GLENMOOR LN WINTER PARK, FL 32792</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>VD HAND, ALAN 4444 GLENMOOR CT WINTER PARK, FL 32792</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>SD BEAN, DANA 7666 GLENMOOR LN WINTER PARK, FL 32792</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PD HAND, ALAN 4444 GLENMOOR CT WINTER PARK, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VD KUENNEN, SCOTT 4419 GLENVIEW LANE WINTER PARK, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SD SAYLOR, KAREN 4442 GLENVIEW LANE WINTER PARK, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Pamela LaPeter 1-10-08 407-671-1056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #