

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17689

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** GLENMOOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7564 GLENMOOR LANE  
P.O. BOX 1312  
GOLDENROD, FL 32733

**New Principal Place of Business:**

7564 GLENMOOR LANE  
WINTER PARK, FL 32792

**Current Mailing Address:**

7564 GLENMOOR LANE  
P.O. BOX 1312  
GOLDENROD, FL 32733

**New Mailing Address:**

**FEI Number:** 59-2891160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: LAPETER, PAMELA  
Address: 7564 GLENMOOR LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: PD      ( ) Delete  
Name: HAND, ALAN  
Address: 4444 LENMOOR CT  
City-St-Zip: WINTER PARK, FL 32792

Title: VD      ( ) Delete  
Name: KUENNEN, SCOTT  
Address: 4419 GLENVIEW LN  
City-St-Zip: WINTER PARK, FL 32792

Title: SD      ( ) Delete  
Name: SAYLOR, KAREN  
Address: 4442 GLENVIEW LN  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD      (X) Change ( ) Addition  
Name: HAND, ALAN  
Address: 4444 GLENMOOR CT  
City-St-Zip: WINTER PARK, FL 32792

Title: VD      (X) Change ( ) Addition  
Name: BOMMELJE, MARK  
Address: 7728 GLENMOOR LN  
City-St-Zip: WINTER PARK, FL 32792

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA LAPETER

TD

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date