

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90043 026 ****61.25

DOCUMENT # N17689

1. Entity Name
GLENMOOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4434 GLENVIEW LN. (WINTER PARK 32792)
P.O. BOX 1312
GOLDENROD FL 32733-8312

Mailing Address
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 & State

City & State

4. FEI Number **59-2891160**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	LAPETER, PAMELA	
STREET ADDRESS	7584 GLENMOOR LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, CHRIS	
STREET ADDRESS	4476 GLENMOOR CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GERBER, CHUCK	
STREET ADDRESS	7635 GLENMOOR LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, LISA	
STREET ADDRESS	4476 GLENMOORE CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorner, Chuck	
STREET ADDRESS	7635 Glenmoor Lane	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collins, Pat	
STREET ADDRESS	7651 Glenmoor Lane	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamanna, Terry	
STREET ADDRESS	7650 Glenmoor Lane	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** Pamela LaPater Jan. 21, 03 407-671-1056

CR2E037 (10/02)