

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 007 ****61.25

DOCUMENT # N21448 1. Entity Name GLEN ABBEY COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O HARA MANAGEMENT, INC. 118 N WYMORE RD WINTER PARK, FL 32789 US		Mailing Address C/O HARA MANAGEMENT, INC. 118 N WYMORE RD WINTER PARK, FL 32789 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US		3. Mailing Address Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA, ROBERT HARA MANAGEMENT, INC. 118 N WYMORE RD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 931 S. Semoran Blvd #214 City Winter Park, FL Zip Code 32792	
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 _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 D NAME DYLESKI, MARY G STREET ADDRESS 208 KNIGHTS BRIDGE PLACE CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE P/D NAME DAN DISRUD STREET ADDRESS 301 ALEXANDRA WOODS CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 1VPD NAME ROSE, TINA STREET ADDRESS 122 PINE VALLEY COURT CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE VP/D NAME Edward Hutchins STREET ADDRESS 267 Adelaide St CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME WILSON, PATRICIA STREET ADDRESS 114 PINE VALLEY CT CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE D NAME TINA ROSE STREET ADDRESS 122 PINE VALLEY COURT CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ALLEN, FRED STREET ADDRESS 101 GLEN ABBEY LANE CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE D NAME JOE PIPARO STREET ADDRESS 119 GLEN ABBEY LANE CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME KOVAL, NICHOLAS STREET ADDRESS 296 ADELAIDE ST CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE D NAME DOM MAIN STREET ADDRESS 303 ALEXANDRA WOOD DR CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME CERANKOWSKI, DEBBIE STREET ADDRESS 256 ADELAIDE ST CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Delete	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: <u><i>Dan Disrud</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4.24.08 407620611 Date Daytime Phone #	