## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE** 

## May 05, 2006 8:00 am Secretary of State DOCUMENT # N42702 1. Enlity Name 05-05-2006 90194 032 \*\*\*\*61.25 GLENMOOR GREENS I. INC. Principal Place of Business Mailing Address 3940 RADIO ROAD 3940 RADIO ROAD SUITE 111 NAPLES FL 34104 SUITE 111 NAPLES FL 34104 2. Principal Place of Business Mailing Address JCHOR ASSOCIATES ANCHOR ASSOCIATES Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0255415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANCHOR ASSOCIATES INC ANCHUR ASSOCIATES INC Street Address (P.O. Box Number is Not Acceptable) 3940 RADIO ROAD SUITE 111 NAPLES FL 34104 City 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 Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. AVPD TITLE Change Addition THE 🔀 Delete GIFFEN, GEORGE TERINGER, JIM NAME 1100 EASTHAM WAYA-1051 EASTHAM WAY B-207 STREET ADDRESS STREET ADDRESS JAPLES FL 34104 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP PD TITLE ☐ Detete TITLE ☐ Change Addition WELLS, THOMAS NAME NAME STREET ADDRESS 1001 EASTHAM WAY C-305 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TD Addition TITLE ☐ Defete FIFLE ☐ Change LIND, ED DUANE NAME NAME 1100 EASTHAM WAY A-108 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE □ Change ☐ Addition HILE GRODEKI, STAN NAME NAME STREET ADDRESS 1051 EASTHAM WAY B-107 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE CROWHURST, PAUL NAME 1001 EASTHAM WAY C-203 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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.

**FILED** 

4/06