ANNUAL REPORT

2008 NOT-FOR-PROFIT CORPORATION



DOCUMENT # N42702 1. Entity Name
GLENMOOR GREENS I, INC. 40100713 Principal Place of Business Mailing Address 3940 RADIO ROAD 3940 RADIO ROAD SUITE 111 SUITE 111 NAPLES, FL 34104 US NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-NP CR2E037 (12/06) FEI Number 65-0255415 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANCHOR ASSOCIATES INC 3940 RADIO ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 111 NAPLES, FL 34104 Zip Code FL 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 4-30-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. AVPD PD TITLE TITLE ☐ Delete ■ Addition GIFFEN, GEORGE NAME NAME 1100 EASTHAM WA A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, Ft. 34104 CITY-ST-ZIP PD TITLE ☐ Delete TITLE VPD Change Addition WELLS, THOMAS NAME NAME STREET ADDRESS 1001 EASTHAM WAY C-305 STREET ADDRESS NAPLES, FL 34104 CITY-\$1-71P CHTY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition LIND, ED DUANE NAME NAME STREET ADDRESS 1100 EASTHAM WAY A-108 STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TILLE Addition GRODEKI, STAN NAME NAME 1051 EASTHAM WAY B-107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 appowered.

THILE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

PAYNE, JACK L

NAPLES, FL 34104

1051 EASTHAM WAY B-306

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-S!-ZIP

CITY-ST-ZIP

REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Date Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED

May 12, 2008 8:00 am Secretary of State

05-12-2008 90027 038 ****61.25