2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45772

1. Entity Name

GLENWOOD STEPHENS HOMEOWNERS ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90001 041 ****61.25

Principal Place of Business	Mailing Address
ROUTE 2. BOX 220 (CEDAR ISLAND) PERRY FL 32347	ROUTE 2. BOX 220 (CEDAR ISLAND) PERRY FL 32347-9636

GLENWOOD L. STEPHENS
83 Kingfisher Rd.
Perry, FL 32347

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3.
83 KINGFISHER RD.	
Suite, Apt. #, etc. (CEDAR ISLAND)	Suite, Apt. #, etc. SAME
City & State PERRY FL. ~~32347~~	City & State
Zip 32347	Zip
Country U.S.A.	Country

4. FEI Number 59-3099830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHENS, GLENWOOD L. ROUTE 2, BOX 220 (CEDAR ISLAND) PERRY FL 32347	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.

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TPD STEPHENS, GLENWOOD L. RTE 2, BOX 220 PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition - 83 KINGFISHER RD. GLENWOOD L. STEPHENS 83 Kingfisher Rd. Perry, FL 32347
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD STEPHENS, DORIS RTE 2, BOX 220 PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition - 83 - KINGFISHER RD.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, DARRYL 304 WORLEY WAY PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Glenwood L. Stephens GLENWOOD L. STEPHENS 5-1-00 850-578-2366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #