# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 16, 2001 8:00 am**
**Secretary of State**
04-16-2001 90046 017 ****61.25

DOCUMENT # N45772

1. Entity Name

GLENWOOD STEPHENS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 83 KINGFISHER DRIVE<br>(CEDAR ISLAND)<br>PERRY FL 32347<br>207 E Magnolia St.<br>Perry, FL 32347 | ROUTE 2, BOX 220<br>(CEDAR ISLAND)<br>PERRY FL 32347<br>207 E Magnolia St.<br>Perry, FL 32347 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.<br>207 E Magnolia St.<br>Perry, FL 32347 | 207 E Magnolia St.<br>Perry, FL 32347 |
| City & State | |
| Zip 32347 Country TAYLOR | Zip 32347 Country TAYLOR |

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.<br>ROUTE 2, BOX 220<br>(CEDAR ISLAND)<br>PERRY FL 32347<br>GLENWOOD L. STEPHENS<br>207 E Magnolia St.<br>Perry, FL 32347 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Glenwood L. Stephens 207 E Magnolia St. Perry, FL 32347-1411

(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<br>STEPHENS, GLENWOOD L.<br>83 KINGFISHER DRIVE<br>PERRY FL 32347<br>GLENWOOD L. STEPHENS<br>207 E Magnolia St.<br>Perry, FL 32347 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>STEPHENS, DORIS<br>83 KINGFISHER DRIVE<br>PERRY FL 32347<br>Ms. Doris Stephens<br>207 E Magnolia St.<br>Perry, FL 32347-1411 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STEPHENS, DARRYL<br>304 WORLEY WAY<br>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 (10/00)

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

GLENWOOD L. STEPHENS
207 E Magnolia St.
Perry, FL 32347

4-12-01 Date

850-223-3116 Daytime Phone #

Document #
N45742

530134

**Mail this postcard to people and businesses that send you mail**

Please send mail to my new address beginning: 04 / 12 / 2001 (Month / Day / Year)

My Name (Last Name, First Name, Middle Initial)
STEPHENS GLENWOOD L.

OLD Complete Street Address, PO Box, or Rural Route and RR Box No.
83 KINGFISHER RD.

Apt./Suite No.

City or Post Office
PERRY

State
FL

ZIP Code or ZIP+4
32348

No.

Apt./Suite No.

**Glenwood L. Stephens**
**207 E Magnolia St.**
**Perry, FL 32347-1411**

State
FL

ZIP Code or ZIP+4
32347

Account Number (If Applicable)

New Telephone No. (Optional)
(850) 223-3116

Signature
Glenwood L. Stephens

Today's Date
04 / 12 / 01 (Month / Day / Year)

PS Form **3576,** February 1995

**Recipient:** Be sure to record the above new address.