2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-11-2002 90122 033 *****8.75
09-30-2002 90179 013 ****52.50

DOCUMENT # N45772

1. Entity Name

GLENWOOD STEPHENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
207 E MAGNOLIA ST PERRY FL 32347	207 E MAGNOLIA ST PERRY FL 32347

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Glenwood Stephens 207 E Timberlane St Perry, FL 32347	Glenwood Stephens 207 E Timberlane St Perry, FL 32347

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. 207 E. MAGNOLIA ST. PERRY FL 32347-1411 Glenwood Stephens 207 E Timberlane St 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Glenwood Stephens 207 E Timberlane St. Perry, FL 32347 Glenwood L. Stephens 9-7-02
(NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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. 207 E MAGNOLIA ST. PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T P D Glenwood Stephens 207 E Timberlane St Perry, FL 32347	☒ Change ☐ Addition ADDRESS CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD STEPHENS, DORIS ~~207 E MAGNOLIA ST.~~ PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T S D 207 E Timberlane St Perry, FL 32347 DORIS STEPHENS ADDRES CHANGE	☐ Addition
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 (4/02)

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 attached with all other like empowered.

SIGNATURE: Glenwood Stephens [illegible] Glenwood L. Stephens 1-850-223-3116
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date 9-7-02 Daytime Phone #

Attachment

[redacted]

#N4572/678487

Mail this postcard to people and businesses that send you mail

Please send mail to my new address beginning: 9 (Month) 7 (Day) 2002 (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.
207 E. MAGNOLIA

Apt./Suite No.

City or Post Office
PERRY

State
FLA.

ZIP Code or ZIP+4
32347

NEW Complete Street Address, PO Box, or Rural Route No. and Box No.
207 E. TIMBER LANE ST.

Apt./Suite No.

City or Post Office
PERRY

State
FLA

ZIP Code or ZIP+4
32347

Account Number (If Applicable)

New Telephone No. (Optional)
( )

Signature
Glenwood L Stephens

Today's Date
9 (Month) 7 (Day) 02 (Year)

PS Form **3576**, February 1995

Recipient: Be sure to record the above new address.