

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45772

1. Entity Name

GLENWOOD STEPHENS HOMEOWNERS ASSOCIATION, INC.

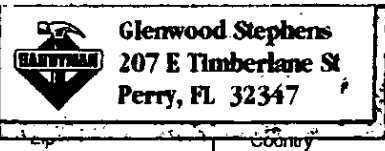
Principal Place of Business

207 E MAGNOLIA ST
PERRY FL 32347

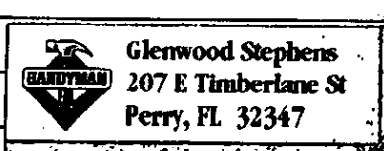
Mailing Address

207 E MAGNOLIA ST
PERRY FL 32347

2. Principal Place of Business



3. Mailing Address



4. FEI Number

59-3099830

Applied For

Not Applicable

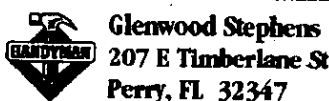
5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, GLENWOOD L.
207 E MAGNOLIA ST.
PERRY FL 32347-1411



7. Name and Address of New Registered Agent

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
(NOTE: Registered Agent signature required when reinstating)

9-7-02

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

TITLE TPD
NAME STEPHENS, GLENWOOD L.
STREET ADDRESS 207 E MAGNOLIA ST.
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

TITLE TSD
NAME STEPHENS, DORIS
STREET ADDRESS 207 E MAGNOLIA ST.
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

TITLE D
NAME STEPHENS, DARRYL
STREET ADDRESS 304 WORLEY WAY
CITY-ST-ZIP PERRY FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T.P.D.
NAME Glenwood Stephens
STREET ADDRESS 207 E Timberlane St
CITY-ST-ZIP Perry, FL 32347 ☒ Change ☐ Addition
ADDRESS CHANGE

TITLE TSD
NAME DORIS STEPHENS
STREET ADDRESS 207 E Timberlane St
CITY-ST-ZIP Perry, FL 32347 ☐ Change ☐ Addition
ADDRESS CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:



Glenwood Stephens
207 E Timberlane St.
Perry, FL 32347

OFFICER OR DIRECTOR

Glenwood L. Stephens

Date 9-7-02

Daytime Phone #

1-850-223-3116

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-11-2002 90122 033 *****8.75

09-30-2002 90179 013 *****52.50

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

Attachment

N4572/678487

Mail this postcard to people and businesses that send you mail

Please send mail to my new address beginning:

9 | 7 | 2002
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.

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 LAKE 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 | 7 | 2002
Month Day Year

PS Form 3576, February 1995

Recipient: Be sure to record the above new address.