

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47793

FILED
Jan 21, 2007
Secretary of State

Entity Name: VIREO GLEN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9006 CHAYES LANE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

9006 CHAYES LANE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3136861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBBINS, DANIEL W
1330 THOMASVILLE RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KONRAD, THOMAS J
Address: 9006 CHAYES LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD () Delete
Name: SMITH, CHERYL D
Address: 9581 CHAYES LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: ASTD (X) Delete
Name: ROYCE, VIRGINIA A
Address: 9593 CHAYES LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD () Delete
Name: WHALEY, DAVID
Address: 8005 ARCHER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WHALEY, DAVID
Address: 9568 CHAYES LANE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL D. SMITH

STD

01/21/2007

Electronic Signature of Signing Officer or Director

Date