

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90020 023 ****61.25

DOCUMENT # N50329 1. Entity Name GLEN ABBEY WEST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O HARA MANAGEMENT, INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789 US			Mailing Address C/O HARA MANAGEMENT, INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0488287	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARA, ROBERT HARA MANAGEMENT, INC 118 N. WYMORE ROAD WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ROBERTO		NAME	CATHY McAllister	
STREET ADDRESS	222 ALEXANDRA WOODS DR		STREET ADDRESS	219 Alexandra Woods Dr	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	Debarry Fl 32713	
TITLE	S	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHNER, BOB		NAME	FLEISCHNER, BOB	
STREET ADDRESS	220 ALEXANDRA WOODS DR		STREET ADDRESS	220 ALEXANDRA WOODS DR.	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLIA, JOHN		NAME	Don Reynolds	
STREET ADDRESS	524 S. PINE MEADOW DR		STREET ADDRESS	105 Pine Side Dr	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	Debarry Fl. 32713	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRETSCHMER, HANS		NAME	William Lynch	
STREET ADDRESS	569 PINE MEADOW DR		STREET ADDRESS	212 Alexandra Woods Dr	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	Debarry Fl. 32713	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> President <i>[Signature]</i> April 6, 2007					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					