

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 045 ****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. 931 S. SEMORAN Blvd #214		Suite, Apt. #, etc. 931 S. SEMORAN Blvd #214	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32792		Zip 32792	
Country US		Country US	
4. FEI Number 65-0488287		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA, ROBERT HARA MANAGEMENT, INC 118 N. WYMORE ROAD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) #214 City Winter Park FL Zip Code 32792	
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, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	TO MCALLISTER, CATHY 219 ALEXANDRA WOODS DR DEBARY, FL 32713	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLEISCHNER, BOB 220 ALEXANDRA WOODS DR DEBARY, FL 32713	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REYNOLDS, DON 105 PINESIDE DR DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LYNCH, WILLIAM 212 ALEXANDRA WOODS DR. DEBARY, FL 32713	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director John Tillid 564 Pine Meadow Dr DeBary, FL 32713	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
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:		2008 April 10 907 474.1662	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	