

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005639

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** GLYNWOOD HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 995  
DUNEDIN, FL 34697

**New Principal Place of Business:**

1633 HAYWICK TERRACE  
DUNEDIN, FL 34698

**Current Mailing Address:**

PO BOX 995  
DUNEDIN, FL 34697

**New Mailing Address:**

**FEI Number:** 59-3425071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOESCH, THOMAS J  
1633 HAYWICK TERR  
DUNEDIN, FL 34698 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: DP ( ) Delete  
Name: MENDEL, RAYMOND  
Address: 1045 PRESTWICK PL  
City-St-Zip: DUNEDIN, FL 34698

Title: DT ( ) Delete  
Name: LOESCH, THOMAS J  
Address: 1633 HAYWICK TERR  
City-St-Zip: DUNEDIN, FL 34698

Title: DVP ( ) Delete  
Name: BEATTY, SYLVIA  
Address: 1040 PRESTWICK PLACE.  
City-St-Zip: DUNEDIN, FL 34698

Title: DS ( ) Delete  
Name: BUGENHAGEN, KENNETH  
Address: 1643 HAYWICK TERRACE  
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Delete  
Name: PAPIA, MARK  
Address: 1060 PRESTWICK PLACE  
City-St-Zip: DUNEDIN, FL 34698

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J. LOESCH

DT

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date