

FILE NOW: FILING FEE IS \$61.25

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1998 DEC -3 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006613 (0) 1. Corporation Name GLENWOOD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2222 GLENWOOD LANE TALLAHASSEE FL 32308		Mailing Address 2222 GLENWOOD LANE TALLAHASSEE FL 32308	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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g. Name and Address of Current Registered Agent VALERY, NANCY 2222 GLENWOOD LANE TALLAHASSEE FL 32308		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: <i>John W. Jordan</i> Director DATE: 12/2/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D VALERY, NANCY 2222 GLENWOOD LANE TALLAHASSEE FL 32308		20000270650 -12/08/98--01077--004 ***236.25 ***236.25	
D JORDAN, JOHN W 2208 GLENWOOD LANE TALLAHASSEE FL 32308		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
D CONILL, CATHY 2215 GLENWOOD LANE TALLAHASSEE FL 32308		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
D [Blank] [Blank] [Blank]		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D [Blank] [Blank] [Blank]		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
D [Blank] [Blank] [Blank]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>John W. Jordan</i>		12/2/98 (850) 385-7450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0007430	

CR2E037 (10/97)