

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006613**  
 1. Entity Name  
 GLENWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business... Mailing Address  
 2212 GLENWOOD LANE 2212 GLENWOOD LANE  
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)  
 4. FEI Number NOT APPLICABLE Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HARRIS, TERESA N  
 2212 GLENWOOD LANE  
 TALLAHASSEE, FL 32308

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000089340  
 03/16/04-80003-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEIL, MARK
STREET ADDRESS	2220 GLENWOOD LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	HARRIS, TERESA N
STREET ADDRESS	2212 GLENWOOD LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	WILLIAMSON, DOT
STREET ADDRESS	2204 GLENWOOD LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Teresa N. Harris* 3-15-04 (850) 878-2671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #