

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

0002038

DOCUMENT # N97000006613

1. Entity Name

GLENWOOD HOMEOWNERS ASSOCIATION, INC.



09-03-2003 90019 003 ****61.25

90153748



☒ CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| Principal Place of Business 2208 GLENWOOD LANE TALLAHASSEE FL 32308 | Mailing Address 2208 GLENWOOD LANE TALLAHASSEE FL 32308 |
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|--|--|
| 2. Principal Place of Business <u>2212 Glenwood Lane</u> Suite, Apt. #, etc. | 3. Mailing Address <u>2212 Glenwood Lane</u> Suite, Apt. #, etc. |
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|--|--|
| City & State <u>Tallahassee, FL</u> | City & State <u>Tallahassee, FL</u> |
| Zip <u>32308</u> | Zip <u>32308</u> |
| Country <u>USA</u> | Country <u>USA</u> |

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|---|---|
| 4. FEI Number NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent JORDAN, JOHN W 2208 GLENWOOD LANE TALLAHASSEE FL 32308 |
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| 7. Name and Address of New Registered Agent Name <u>TERESA N HARRIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2212 GLENWOOD LANE</u> City <u>TALLAHASSEE</u> <u>FL</u> Zip Code <u>32308</u> |
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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 Teresa N. Harris TERESA N. HARRIS 8-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 | 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>O'NEILL, MARK</u> <u>2220 GLENWOOD LANE</u> <u>TALLAHASSEE FL 32308</u> <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>JORDAN, JOHN W</u> <u>2208 GLENWOOD LANE</u> <u>TALLAHASSEE FL 32308</u> <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>CONILL, CATHY</u> <u>2215 GLENWOOD LANE</u> <u>TALLAHASSEE FL 32308</u> <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>HARRIS, TERESA N</u> <u>2212 GLENWOOD LANE</u> <u>TALLAHASSEE FL 32308</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>Williamson, Dot</u> <u>2204 GLENWOOD LANE</u> <u>TALLAHASSEE FL 32308</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: Steve A. Conill 9/1/03 850-656-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)