


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90189 019 \*\*\*\*61.25

<b>DOCUMENT # N98000003000</b> 1. Entity Name <b>GLENWOOD HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.</b>					
Principal Place of Business <b>4010 NATHAN CT W MELBOURNE, FL 32904</b>			Mailing Address <b>4010 NATHAN CT W MELBOURNE, FL 32904</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-3531312</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TARAVELLA, FRANK 4010 NATHAN COURT WEST MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARAVELLA, FRANK		NAME		
STREET ADDRESS	4010 NATHAN CT		STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EPPERT, NELSON		NAME	<b>MOORE, RYAN</b>	
STREET ADDRESS	4020 NATHAN COURT		STREET ADDRESS	<b>4030 NATHAN CT.</b>	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP	<b>WEST MELBOURNE, FL 32904</b>	
TITLE	D S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARAVELLA, CAROL L		NAME		
STREET ADDRESS	4010 NATHAN COURT		STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EGEBERT, JERRY		NAME	<b>ALVARADO, Virginia</b>	
STREET ADDRESS	4011 NATHAN CT		STREET ADDRESS	<b>4021 Nathan Ct.</b>	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP	<b>West Melbourne, FL 32904</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLONNA, JOE		NAME		
STREET ADDRESS	4000 NATHAN CT		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Frank R. Taravella</u> <b>FRANK R. TARAVELLA</b> <u>04/17/06</u> <u>321-7257510</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					