


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003000	
1. Entity Name GLENWOOD HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.	

Principal Place of Business 4010 NATHAN CT W MELBOURNE, FL 32904	Mailing Address 4010 NATHAN CT W MELBOURNE, FL 32904
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3531312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TARAVELLA, FRANK
4010 NATHAN COURT
WEST MELBOURNE, FL 32904**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARAVELLA, FRANK 4010 NATHAN CT WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPERT, NELSON 4020 NATHAN COURT WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TARAVELLA, CAROL L 4010 NATHAN COURT WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVARADO, VIRGINIA 4021 NATHAN CT WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, RYAN 4000 NATHAN CT MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/07-80021-013 61.25

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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.

SIGNATURE:  **2-25-07 (321) 6740442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #