
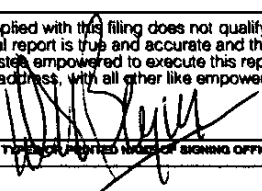


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 031 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3531312</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TARAVELLA, FRANK 4010 NATHAN COURT WEST MELBOURNE, FL 32904</b>				Name <b>NELSON EPPERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4020 NATHAN CT</b> City <b>W. MELBOURNE</b> <b>FL</b> Zip Code <b>32904</b>	
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 <b>NELSON EPPERT</b> DATE <b>1/8/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD TARAVELLA, FRANK 4010 NATHAN CT WEST MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EPPERT, NELSON 4020 NATHAN COURT WEST MELBOURNE, FL 32904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS TARAVELLA, CAROL L 4010 NATHAN COURT WEST MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP ALVARADO, VIRGINIA 4021 NATHAN CT WEST MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MOORE, RYAN 4000 NATHAN CT MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER/D EPPERT, NELSON 4020 NATHAN CT W. MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DAVID BEGIN 4000 NATHAN CT W. MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DAVID BEGIN 4000 NATHAN CT W. MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Change <input checked="" 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 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: 		Date <b>1/8/08</b>		Daytime Phone # <b>321-951-1742</b>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					