

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90005 042 ***550.00

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1. Entity Name
GLENBROOK RESORT MANAGEMENT COMPANY



Principal Place of Business
**650 S. CENTRAL AVE.
SUITE 1000
OVIDO, FL 32765**

Mailing Address
**650 S. CENTRAL AVE.
SUITE 1000
OVIDO, FL 32765**

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0074365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, JEFFREY L
655 W. MORSE BLVD.
SUITE 212
WINTER PARK, FL 32789**

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, KENNETH L
STREET ADDRESS	650 S CENTRAL AVE STE 1000
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	VD
NAME	RIGSBY, WILLIAM D
STREET ADDRESS	650 S CENTRAL AVE STE 1000
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	D
NAME	CLARK, SCOTT D
STREET ADDRESS	650 S CENTRAL AVE STE 1000
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth L. White 7.8.04 407.366-9668