

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000057106**

1. Entity Name  
**GLENBROOK RESORT MANAGEMENT COMPANY**



Principal Place of Business Mailing Address  
**650 S. CENTRAL AVE.** **650 S. CENTRAL AVE.**  
**SUITE 1000** **SUITE 1000**  
**OVIEDO, FL 32765** **OVIEDO, FL 32765**



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 refilesting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11000000280727  
03/30/05-80030-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WHITE, KENNETH L  
STREET ADDRESS 650 S CENTRAL AVE STE 1000  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VD  
NAME RIGSBY, WILLIAM D  
STREET ADDRESS 650 S CENTRAL AVE STE 1000  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D  
NAME CLARK, SCOTT D  
STREET ADDRESS 650 S CENTRAL AVE STE 1000  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Kenneth L. White*  
**REGISTER**

Date

Daytime Phone #

*3/28/05* *407-366-9668*