

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761818

Entity Name: VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2244781

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VPD
Name ALTMAN, BERNARD
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title PD
Name JEFFARES, WILLIAM C
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name STAMATOPOULOS, BARBARA
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title STD
Name LYNCH, ROSEMARY
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name SKINNER, RAY
Address 5837 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C JEFFARES

PRESIDENT

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date