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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 724384

(3)

| GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.   |   |   |                     |             |                  | <br>  |                        | HAND RIGHT ALBAN HADI                 |
|--|---|---|---------------------|-------------|------------------|---|------------------------|---------------------------------------|
| Principal Plac                             | e of Business   | Mailing Address   |                     |             |                  |   |                        |                                       |
| P.O. BOX 61                                | STREET #202<br>165<br>FL 34237-7945                                   | 2055 WOOD STREET<br>P.O. BOX 6165   |                     |             |                  |   |                        |                                       |
|  |   |   | -7845               | <b>45</b>   |                  | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1972 04/05/1995   |                        |                                       |
|  | lace of Business  | 2a. Mailing Address   |                     |             |                  | 4. FEI Number   | I                      | Applied For                           |
| 21 Suito Ant                               | # oto   | Suite, Apt. #, etc.   |                     |             |                  | 59-1690454  |                        | Not Applicable                        |
| Suite, Apt. #, etc. Suite, Ap. 27          |   |   | t. #, etc.          |             |                  | 5. Certificate of Status Desired  | \$8.75 Additional      |                                       |
| City & State City & State                  |   |   |                     |             |                  | & Floation Community Financia   |                        | e Required                            |
| 23   |   | 28  |                     |             |                  | Election Campaign Financing     Trust Fund Contribution   |                        | .00 May Be                            |
| Zip Country                                |   | Zip   | Zip Country         |             |                  | 8. This corporation has liability for intangible tax under s. 199.032,  |                        |                                       |
| 24.  | 25 29<br>9. Name and Address of Current Registered Agent              |   | 30                  | 30          |                  | Florida Statutes 🔲 Yes 🔀 No   |                        |                                       |
|  | 9. Name and Address of  | Current Registered Agent  |                     |             |                  | 10. Name and Address of New Re  | gistered Agent         |                                       |
| 55555                                      |   |   | ]1                  | n N         | ame              |   |                        |                                       |
| PROPERTY & ACCOUNTING MANAGEMENT INC.      |   |   |                     | 2 St        | rect Addres      | t Address (P.O. Box Number is Not Acceptable)   |                        |                                       |
| 2055 WOOD STREET #202<br>SARASOTA FL 34237 |   |   |                     | <u>.</u>    |                  |   |                        |                                       |
| SAHASU                                     | JIA FL 3423/  |   | ľ                   | 3           |                  |   |                        |                                       |
|  |   |   | 1                   | 4 Ci        | ty               |   | - 85                   | Zip Code                              |
| 11. Pursuant                               | to the provisions of Sections 61                                      | 7.0502 and 617.1508. Florida Statu  | tes the above       | ) Dom       | d comparet       | Son or hands the state of the   | FL  °°                 |                                       |
|  | red agent, or both, in the State<br>ith, and accept the obligations o | of Florida. Such change was authori,<br>of, Section 617.0503, Florida Statute | zed by the co<br>s. | rporati     | on's board       | ion submits this statement for the purps<br>of directors. I hereby accept the appoir  | itment as register     | s registered office<br>ed agent. I am |
| SIGNATURE .                                | Signature, typed or printed name of registe                           | red agent and title if anglicable (N.   | OTE: Registered A   |             |                  |   |                        |                                       |
| 12.  |   | RS AND DIRECTORS  | 13.                 | Jenr sign   | atura required w | ADDITIONS/CHANGES TO OFFIC  | DATE<br>EDS AND DIDECT | ODE IN 40                             |
| TITLE                                      | SD DELETE   |   |                     | 1.1 TITLE D |                  | ACCUMENTATION OF THE  | Change                 |                                       |
| NAME                                       | SKELTON, MARY   |   | 1.2 NAM             | E           | Ske              | elton, Mary   | DO Onunge              |                                       |
| STREET ADDRESS                             | 3978 OVERLOOK BEND  | ), UNIT 25  | 1.3 STRE            | ET ADDR     | ESS 397          | 78 Overlook Bend,   | #25                    |                                       |
| CITY-ST-ZIP                                | SARASOTA FL   |   | 1.4 CiTY            | ST-ZIP      |                  | rasota, FL 34232  | – -                    |                                       |
| TITLE                                      | TD DELETE   |   | 2.1 TITLI           | 2.1 TITLE   |                  |   | ☐ Change               | Addition                              |
| NAME                                       | HERPEL, FREDERICK   |   | 2.2 NAM             |             |                  |   |                        |                                       |
| STREET ADDRESS                             | 3908 LAKESIDE RD #17  | 73  | 2.3 STRE            | ET ADDR     | ESS              |   |                        |                                       |
| CITY-ST-ZIP                                | SARASOTA, FL 00000  |   | 2. 4 CITY           |             |                  |   |                        |                                       |
| TITLE                                      | VD  | DELETE  | 3.1 TITLE           |             | VD               | _   | ☐ Change               | Addition                              |
| NAME<br>PTDEET ADDDEGG                     | MAHLOCH, EUGENE   | r #110  | 3.2 NAM             |             |                  | ducci, Lucille  |                        |                                       |
| STREET ADDRESS<br>CITY-ST-ZIP              | 1261 BELLEFLOWER ST<br>SARASOTA, FL 00000                             | F112  | 3.3 STRE            |             |                  | 3 Glen Oaks Dr.E.   | #53                    |                                       |
| TITLE                                      | PD  | <b>₩</b> DELETE   | 3.4. CITY           |             |                  | rasota, FL 34232  |                        |                                       |
| NAME                                       | POLLACK, LITA   | DCIDETE   | 4.1 TITLE           |             | PD               |   | ☐ Change               | Addition                              |
| STREET ADDRESS                             | 1265 BELLEFLOWER \$1  | F #111  | 4. 2 NAM            |             |                  | nneider, Carl   |                        |                                       |
| CITY-ST-ZIP                                | SARASOTA, FL 00000  | † <b>π I I I</b>  | 4.3 STRE            |             |                  | 00 Belleflower St.  | #100                   |                                       |
| TITLE                                      | D   | DELETE  | 4.4 CiTY-           | 31-ZIP      | Sar<br>SD        | asota, FL 34232   | Change                 | Addition                              |
| NAME                                       | MANOR, GERALDINE  |   | 5.2 NAME            |             |                  | ın, Herbert   | — сталде               | (X vooroon                            |
| STREET ADDRESS                             | 3944 ASHWOOD LANE   | #39   | 5.3 STRE            |             |                  |   | 101                    |                                       |
| CITY-ST-ZIP                                | CADACOTA EI   |   | 5.4 CITY-           |             | 1300             | 9 Bluestone Way #   | łΆΤ                    |                                       |
| IITLE                                      | Document  |   | 6.1 TITLE           |             | D                | asota, FL 34232   | ☐ Change               | Addition                              |
| NAME                                       | MCKUSKER, KINGSBER  | RY  | 6.2 NAME            |             | 1-               | ard, Jane   |                        | X                                     |
| STREET ADDRESS                             | 1508 LAKESIDE WAY   |   | 6.3 STREI           | T ADDRI     |                  | 8 Bluestone Way   | 170                    |                                       |
| CITY-ST-ZIP                                | SARASOTA FL   |   | 6.4 CITY-           | ST - 71P    | ISAT             | つうしゅう しょうりょうしょう   |                        |                                       |
| oath: that I                               | am an officer or director of the                                      | Corporation or the receiver or to letter                                      | uai report is ti    |             | qualify for t    | the exemption stated in Section 119.07(<br>and that my signature shall have the sar<br>eport as required by Chapter 617, Florid |                        |                                       |
| appears in                                 | Block 12 or Block 13 if change  | d, or op an attachment with an adding   | ess.                | 7           |                  | , 1   | - ciaioios, and tr     | CONTRACTOR                            |

SIGNANDRE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DRIECTOR 19/8/96 366-5889

Date Destrice Priorie # SIGNATURE: \_