


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 724384 (3)**

1. Corporation Name  
**GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>2055 WOOD STREET #202<br/>P.O. BOX 6165<br/>SARASOTA FL 34237-7945</b> | Mailing Address<br><b>2055 WOOD STREET #202<br/>P.O. BOX 6165<br/>SARASOTA FL 34237-7945</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/19/1972</b>  | 3a. Date of Last Report<br><b>04/17/1996</b>           |
| 4. FEI Number<br><b>59-1690454</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc. |
| 23. City & State                | 28. City & State        |
| 24. Zip                         | 29. Zip                 |
| 25. Country                     | 30. Country             |

9. Name and Address of Current Registered Agent

**PROPERTY & ACCOUNTING MANAGEMENT INC.  
2055 WOOD STREET #202  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME           | <b>SKELTON, MARY</b>                                 |
| STREET ADDRESS | <b>3978 OVERLOOK BEND, UNIT 25</b>                   |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                                   |
| TITLE          | <b>TD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>HERPEL, FREDERICK</b>                             |
| STREET ADDRESS | <b>3908 LAKESIDE RD #173</b>                         |
| CITY-ST-ZIP    | <b>SARASOTA, FL 00000</b>                            |
| TITLE          | <b>VD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>LUCILLE NARUCCI</b>                               |
| STREET ADDRESS | <b>3913 GLEN OAKS DRIVE, E. #53</b>                  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                                   |
| TITLE          | <b>PD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>CARL SCHNEIDER</b>                                |
| STREET ADDRESS | <b>1200 BELLEFLOWER STREET, #100</b>                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                                   |
| TITLE          | <b>SD</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HERBERT HAHN</b>                                  |
| STREET ADDRESS | <b>3809 BLUESTONE WAY, #91</b>                       |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                                   |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME           | <b>JANE HOWARD</b>                                   |
| STREET ADDRESS | <b>3848 BLUESTONE WAY, #72</b>                       |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>                                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 1.2 NAME           | <b>Hersberger, Sally</b>  |
| 1.3 STREET ADDRESS | <b>3982 Overlook Bend #172</b>  |
| 1.4 CITY-ST-ZIP    | <b>Sarasota, FL 34232</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Schroeder, Francis'</b>  |
| 5.3 STREET ADDRESS | <b>3908 Ashwood Lane #63</b>  |
| 5.4 CITY-ST-ZIP    | <b>Sarasota, FL 34232</b>   |
| 6.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 6.2 NAME           | <b>Nolen, Billy</b>   |
| 6.3 STREET ADDRESS | <b>3925 Lakeside Rd. #167</b>   |
| 6.4 CITY-ST-ZIP    | <b>Sarasota, FL 34232</b>   |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Carl Schneider* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # **0063316**

CR2E037 (9/96)