

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # 724384 (3)
1. Corporation Name
GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified
09/19/1972

4. FEI Number
59-1690454

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 | D | <input type="checkbox"/> DELETE |
| NAME | HERSBERGER, SALLY | |
| STREET ADDRESS | 3982 OVERLOOK BEND #172 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | HERPEL, FREDERICK | |
| STREET ADDRESS | 3908 LAKESIDE RD #173 | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LUCILLE NARDUCCI | |
| STREET ADDRESS | 3913 GLEN OAKS DRIVE, E. #53 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CARL SCHNEIDER | |
| STREET ADDRESS | 1200 BELLEFLOWER STREET, #100 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | SCHROEDER, FRANCIS | |
| STREET ADDRESS | 3908 ASHWOOD LANE #63 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | NOLEN, BILLY | |
| STREET ADDRESS | 3925 LAKESIDE RD., #187 | |
| CITY-ST-ZIP | SARASOTA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Benning, Albert |
| 2.3 STREET ADDRESS | 3909 Ashwood Lane #55 |
| 2.4 CITY-ST-ZIP | Sarasota, FL 34232 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Narducci, Lucille |
| 3.3 STREET ADDRESS | 3913 Glen Oaks Dr., E. #53 |
| 3.4 CITY-ST-ZIP | Sarasota, FL 34232 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Johnson, Bertil |
| 4.3 STREET ADDRESS | 3811 Glen Oaks Dr., E. #86 |
| 4.4 CITY-ST-ZIP | Sarasota, FL 34232 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | St. Laurent, Adele |
| 6.3 STREET ADDRESS | 3921 Lakeside Rd. #168 |
| 6.4 CITY-ST-ZIP | Sarasota, FL 34232 |

14. 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 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: *Bertil Johnson* - **BERTIL JOHNSON** 4/8/98 941 951-1304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065478

CR2E037 (10/97)