

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 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 09/19/1972 | 4. FEI Number 59-1690454 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERSBERGER, SALLY | 1.2 NAME | |
| STREET ADDRESS | 3982 OVERLOOK BEND #172 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HERPEL, FREDERICK | 2.2 NAME | Benning, Albert |
| STREET ADDRESS | 3908 LAKESIDE RD #173 | 2.3 STREET ADDRESS | 3909 Ashwood Lane #55 |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 2.4 CITY-ST-ZIP | Sarasota, FL 34232 |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUCILLE NARDUCCI | 3.2 NAME | Narducci, Lucille |
| STREET ADDRESS | 3913 GLEN OAKS DRIVE, E. #53 | 3.3 STREET ADDRESS | 3913 Glen Oaks Dr., E. #53 |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | Sarasota, FL 34232 |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARL SCHNEIDER | 4.2 NAME | Johnson, Bertil |
| STREET ADDRESS | 1200 BELLEFLOWER STREET, #100 | 4.3 STREET ADDRESS | 3811 Glen Oaks Dr., E. #86 |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | Sarasota, FL 34232 |
| TITLE | DS <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | SCHROEDER, FRANCIS | 5.2 NAME | |
| STREET ADDRESS | 3908 ASHWOOD LANE #63 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NOLEN, BILLY | 6.2 NAME | St. Laurent, Adele |
| STREET ADDRESS | 3925 LAKESIDE RD., #187 | 6.3 STREET ADDRESS | 3921 Lakeside Rd. #168 |
| CITY-ST-ZIP | SARASOTA FL | 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)