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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724384

1. Corporation Name

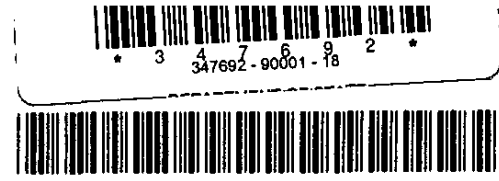
GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/19/1972

4. FEI Number

59-1690454

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERSBERGER, SALLY	
STREET ADDRESS	3982 OVERLOOK BEND #172	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENNING, ALBERT	
STREET ADDRESS	3909 ASHWOOD LANE, #55	
CITY-ST-ZIP	SARASOTA, FL 00000 34242	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCILLE NARUCCI	
STREET ADDRESS	3913 GLEN OAKS DRIVE, E. #53	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, BERTIL	
STREET ADDRESS	3811 GLEN OAKS DR E, #86	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, FRANCIS	
STREET ADDRESS	3908 ASHWOOD LANE #63	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ST LAURENT, ADELE	
STREET ADDRESS	3921 LAKESIDE RD, #168	
CITY-ST-ZIP	SARASOTA FL 34232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mahloch, Eugene	
1.3 STREET ADDRESS	1261 Belleflower St., #112	
1.4 CITY-ST-ZIP	Sarasota, FL 34232	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sullivan, Ann	
3.3 STREET ADDRESS	1277 Belleflower St., #108	
3.4 CITY-ST-ZIP	Sarasota, FL 34232	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Herpel Fred	
4.3 STREET ADDRESS	3909 Lakeside Rd. #173	
4.4 CITY-ST-ZIP	Sarasota, FL 34232	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Narducci, Carl	
5.3 STREET ADDRESS	3913 Glen Oaks Dr.E., #53	
5.4 CITY-ST-ZIP	Sarasota, FL 34232	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schneider, Carl	
6.3 STREET ADDRESS	1200 Belleflower St. #100	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Handwritten signature 4/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)