

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-5-96

B- 3106 C

DOCUMENT # 741367 (7)

1. Corporation Name

GLEN HOMEOWNERS'S ASSOCIATION INC.



Principal Place of Business: 5700 MARINER DR #203 TAMPA FL 33609  
Mailing Address: 5700 MARINER DR #203 TAMPA FL 33609

3. Date Incorporated or Qualified: 01/17/1978  
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number: 59-1796819  
Applied For:  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRISCOLL, GAIL B  
5700 MARINER DR #203  
TAMPA FL 33609

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: Gail B. Driscoll 3/31/96

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | COLLINS, JEANNE        |                                 |
| STREET ADDRESS  | 2220 RIVERSIDE DR      |                                 |
| CITY - ST - ZIP | TAMPA FL               |                                 |
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | MUHLFELD, ROSEMARY     |                                 |
| STREET ADDRESS  | 614 S GLEN AVENUE      |                                 |
| CITY - ST - ZIP | TAMPA FL               |                                 |
| TITLE           | VPD                    | <input type="checkbox"/> DELETE |
| NAME            | FOSTER, JUDITH         |                                 |
| STREET ADDRESS  | 616 S GLEN AVE         |                                 |
| CITY - ST - ZIP | TAMPA FL               |                                 |
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | MOORE, DAN             |                                 |
| STREET ADDRESS  | 4026 HENDERSON BLVD    |                                 |
| CITY - ST - ZIP | TAMPA FL               |                                 |
| TITLE           | P                      | <input type="checkbox"/> DELETE |
| NAME            | STRAHAN, JAMES         |                                 |
| STREET ADDRESS  | 3319 SWANN AVENUE      |                                 |
| CITY - ST - ZIP | TAMPA FL               |                                 |
| TITLE           | DTS                    | <input type="checkbox"/> DELETE |
| NAME            | DRISCOLL, GAIL         |                                 |
| STREET ADDRESS  | 5700 MARINER ST, #203E |                                 |
| CITY - ST - ZIP | TAMPA FL               |                                 |

|                     |   |
|---------------------|---|
| 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 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           | <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 type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gail B. Driscoll 3/31/96 8132862326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)