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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/17/1978	Applied For
4. FEI Number 59-1796819	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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

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

TITLE	D <input type="checkbox"/> DELETE
NAME	COLLINS, JEANNE
STREET ADDRESS	2220 RIVERSIDE DR
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input checked="" 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	P <input type="checkbox"/> DELETE
NAME	DRISCOLL, WT JR
STREET ADDRESS	5700 MARINER ST, 203T
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STRAHAN, JAMES
STREET ADDRESS	3319 SWANN AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	DRISCOLL, GAIL
STREET ADDRESS	5700 MARINER ST, #203E
CITY-ST-ZIP	TAMPA 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	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAN MOORE
2.3 STREET ADDRESS	4026 HENDERSON BLVD
2.4 CITY-ST-ZIP	TAMPA, FL 33629
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 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. **GAIL B. DRISCOLL**

SIGNATURE: **Gail B. Driscoll** 4/16/98 813 286 2326

CR2E037 (10/97)