

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16256** (2)

1. Corporation Name

**THE GLEN HOMEOWNERS ASSOCIATION OF CITRUS COUNTY, INC.**



Principal Place of Business: 2218 HWY 44 WEST INVERNESS FL 34453  
Mailing Address: 2218 HWY 44 WEST INVERNESS FL 34453

3. Date Incorporated or Qualified: 08/07/1986  
3a. Date of Last Report: 02/02/1995  
4. FEI Number: 59-2995238  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent: NELSON, JOHN A ESQ, 2218 HWY 44 WEST, INVERNESS FL 34453  
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 (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOWICKE, LEROY M	
STREET ADDRESS	3616 N LUCILLE DR	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WEILER, IRWIN	
STREET ADDRESS	909 N. BEAKRUSH LANE	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TILLEMA, THOMAS P	
STREET ADDRESS	889 N LUCILLE DR	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL'VE, PEG	
STREET ADDRESS	904 W. PENN HILLS CT.	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERSHDON, IRA	
STREET ADDRESS	3609 N. LUCILLE DR.	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAYDEN, JEANETTE	
STREET ADDRESS	3610 N. LUCILLE DR.	
CITY - ST - ZIP	BEVERLY HILLS 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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STONE, MICHAEL	
2.3 STREET ADDRESS	3542 N. Woodgate Dr.	
2.4 CITY - ST - ZIP	Beverly Hills, FL 34465	
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: Leroy M. Nowicke 3/6/96 (352) 746-5974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)