

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16256 (2)**  
 1. Corporation Name  
**THE GLEN HOMEOWNERS ASSOCIATION OF CITRUS COUNTY, INC.**



Principal Place of Business <b>2218 HWY 44 WEST INVERNESS FL 34453</b>	Mailing Address <b>2218 HWY 44 WEST INVERNESS FL 34453-3880</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>08/07/1986</b>	<b>3a.</b> Date of Last Report <b>03/13/1996</b>
<b>4.</b> FEI Number <b>59-2995238</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**NELSON, JOHN A ESO**  
**2218 HWY 44 WEST**  
**INVERNESS FL 34453**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>NOWICKE, LEROY M</b>	
STREET ADDRESS	<b>3616 N LUCILLE DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STONE, MICHAEL</b>	
STREET ADDRESS	<b>3542 NORTH WOODGATE DRIVE</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TILLEMA, THOMAS P</b>	
STREET ADDRESS	<b>889 N LUCILLE DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEL'VE, PEG</b>	
STREET ADDRESS	<b>904 W. PENN HILLS CT.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GERSHDON, IRA</b>	
STREET ADDRESS	<b>3809 N. LUCILLE DR.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYDEN, JEANETTE</b>	
STREET ADDRESS	<b>3810 N. LUCILLE DR.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	<b>VPD</b>
<b>2.3</b> STREET ADDRESS	<b>HOFFMON, PAUL</b>
<b>2.4</b> CITY-ST-ZIP	<b>3560 N. WOODGATE DRIVE BEVERLY HILLS, FL</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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 \_\_\_\_\_

CR2E037 (9/96)