FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

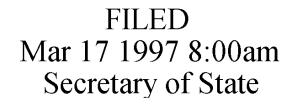
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N16256

THE GLEN HOMEOWNERS ASSOCIATION OF CITRUS COUNTY

, INC. Principal Place of Business Mailing Address 2218 HWY 44 WEST 2218 HWY 44 WEST





INVERNESS FL 34453		INVERNESS FL 34453-3860						
						3. Date Incorporated or Qualified 3a. Date of 08/07/1986 03/	Last Report 13/1996	
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number	Applied For	
21						59-2995238	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					3.75 Additional	
22		27					Fee Required	
City & State		City & State					5.00 May Be	
Zip	Country Zip		Cour	Country			Added to Fees	
24 ZIP	} 1 ′	├ ─ `	\vdash	шy		This corporation has liability for intangible tax u Florida Statutes	·	
24	25 29 30 9, Name and Address of Current Registered Agent			Florida Statutes X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	S, Hallo and Hadross of Carton	Trogratoros Agott		81	Name	10. Hame and Addition of How Hogistered Agen	<u> </u>	
NEI COL	I IOUN A COO							
	N, JOHN A ESQ		82 Street Ad		Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	MY 44 WEST		h	83				
MAFHIN	ESS FL 34453		Ι'	•				
			Ī	84	City	⊏1 85	Zip Code	
11. Pursuant I	to the provisions of Sections 617 0502	2 and 617 1508 Florida Statu	tes the ab	OVE:	-named c	corporation submits this statement for the purpose of char	naina its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	lb۷	the corpo	oration's board of directors. I hereby accept the appointment	ent as registered	
•	m familiar with, and accept the obliga	itions at, Section 617.0503, Fi	iorida Statu	nes.				
SIGNATURE _	Signature, typed or printed name of registered agei	of and title if applicable (NO	TE: Registered	Agen	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	PD DELETE		1.1 T(T)	1.1 TITLE			Change	
NAME	AME NOWICKE, LEROY M		1,2 NA	ME				
STREET ADDRESS 3616 N LUCILLE DR			1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 Cft*	1.4 CITY-ST-ZIP				
TITLE	VPD	≥ DELETE	2 1 TITU	LE		VPD 🗵	Change Addition	
NAME	STONE, MICHAEL		2.2 NAM	2.2 NAME		HOFFMON, PAUL		
STREET ADDRESS	3542 NORTH WOODGATE DE	SIVE .	2.3 STREET ADDRES		ADDRESS	3560 N. WOODGATE DRIVE		
CITY-ST-ZIP	BEVERLY HILLS FL		2. 4 CIT			BEVERLY HILLS, FL		
TITLE	TD	TD DELETE		3.1 TITLE			Change Addition	
NAME	TILLEMA, THOMAS P		3 2 NA	ME		•		
STREET ADDRESS	889 N LUCILLE DR		3.3 STR	REET A	ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS FL		3.4. CIT	Y-\$1	T-ZIP			
TITLE	D DELETE		4.1 7171	4.1 TITLE			Change Addition	
NAME	DEL'VE, PEG		4. 2 NA	ME				
STREET ADDRESS	904 W. PENN HILLS CT.		4.3 STR	REET A	ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS FL		4.4 CIT	4.4 CITY - ST - ZIP				
TITLE	D	DELETE	5.1 TITL	LE			Change Addition	
NAME	GERSHDON, IRA		5.2 NAI	ME				
STREET ADDRESS	3609 N. LUCILLE DR.		5.3 STR	REETA	ADDRESS			
CITY - ST - ZIP	BEVERLY HILLS FL		5.4 CIT	5.4 CITY - ST - ZIP				
TITLE	SD	DELETE	6.1 TITE	LF			Change Addition	
NAME	HAYDEN, JEANETTE		62 NA	ME	1			
STREET ADDRESS	3610 N. LUCILLE DR.		6.3 STR	REET #	ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS FL		6.4 CIT	Y-ST	- ZIP			
14. I do hereb	by certify that the information supplied	with this filing does not qual	ify for the e	exen	nption sta	ated in Section 119.07(3)(i), Florida Statutes. I further cert	ify that the	

Information indicated on this annual report or supplied with this timing does not quality for the exemption state in Section 119.07(3)(). Florida Statutes, Turtiner certify that the information indicated on this annual report or suppliemental 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.