

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 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 # 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
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3. Date Incorporated or Qualified
08/07/1986

4. FEI Number 59-2995238	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOWICKE, LEROY M		1.2 NAME	
STREET ADDRESS 3616 N LUCILLE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN, PAUL		2.2 NAME	
STREET ADDRESS 3560 N WOODGATE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TILLEMA, THOMAS P		3.2 NAME	
STREET ADDRESS 889 N LUCILLE DR		3.3 STREET ADDRESS 3616 N. Lucille Dr.	
CITY-ST-ZIP BEVERLY HILLS FL		3.4 CITY-ST-ZIP Beverly Hills, FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL'VE, PEG		4.2 NAME	
STREET ADDRESS 904 W. PENN HILLS CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERSHDON, IRA		5.2 NAME	
STREET ADDRESS 3809 N. LUCILLE DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		5.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYDEN, JEANETTE		6.2 NAME	
STREET ADDRESS 3610 N. LUCILLE DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		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.

CFR2E037 (10/97)

SIGNATURE _____ DATE _____