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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16256

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/07/1986

22 City & State

27 City & State

4. FEI Number

Applied For

59-2995238

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, JOHN A ESQ
 2218 HWY 44 WEST
 INVERNESS FL 34453

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 CD DELETE
 NAME NOWICKE, LEROY M
 STREET ADDRESS 3616 N LUCILLE DR
 CITY-ST-ZIP BEVERLY HILLS FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VPD DELETE
 NAME HOFFMAN, PAUL
 STREET ADDRESS 3560 N WOODGATE DRIVE
 CITY-ST-ZIP BEVERLY HILLS FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME NOWICKE, MARIE L
 STREET ADDRESS 3616 N LUCILLE DR
 CITY-ST-ZIP BEVERLY HILLS FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME DEL'VE, PEG
 STREET ADDRESS 904 W. PENN HILLS CT.
 CITY-ST-ZIP BEVERLY HILLS FL

4.1 TITLE Change Addition
 4.2 NAME D
 4.3 STREET ADDRESS WEILER, IRWIN
 4.4 CITY-ST-ZIP 909 N. Beakrush Lane
 BEVERLY HILLS FL

TITLE D DELETE
 NAME GERSHDON, IRA
 STREET ADDRESS 3609 N. LUCILLE DR.
 CITY-ST-ZIP BEVERLY HILLS FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME HAYDEN, JEANETTE
 STREET ADDRESS 3610 N. LUCILLE DR.
 CITY-ST-ZIP BEVERLY HILLS FL

6.1 TITLE Change Addition
 6.2 NAME D
 6.3 STREET ADDRESS SIMON, MARTHA
 6.4 CITY-ST-ZIP 3580 N. Woodgate Dr.
 Beverly Hills, FL

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, with all other like empowered.

SIGNATURE: *LEROY M NOWICKE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

(352) 746-5974

Date

Daytime Phone #

CR2E037 (11/98)