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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-99

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000000838 (0)
1. Corporation Name
CARDINAL GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 782 BIG TREE DRIVE, SUITE 102, LONGWOOD FL 32750
Mailing Address: 782 BIG TREE DRIVE, SUITE 102, LONGWOOD FL 32750

2. Principal Place of Business
21 165 W. SR 434
22 Winter Springs FL
23 32708
24 USA
25 USA

2a. Mailing Address
26 PO BOX 950455
27 LAKE MARY FL
28 LAKE MARY FL
29 32795
30 USA

3. Date Incorporated or Qualified: 02/14/1996
4. FEI Number: 59 3431221
-APPLIED FOR-
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
TATICH, PHILIP
601 SOUTH LAKE DESTINY ROAD, SUITE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name: EPM Services, INC
82 Street Address (P.O. Box Number is Not Acceptable): 165 West State Road 434
83
84 City: Wintersprings FL
85 Zip Code: 32708

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: *Annex Russell* Annex Russell, Pres EPM Services Inc 3/1/99
DATE: 3/1/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DALE, LARRY A | |
| STREET ADDRESS | 782 BIG TREE DRIVE, SUITE 102 | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOOD, MICHAEL | |
| STREET ADDRESS | 1020 EDMINISTON PL., SUITE 210 | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STEFFY, CHARLES | |
| STREET ADDRESS | 112 FRANCES DRIVE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | DIP/317 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DALE, LARRY A. | |
| 1.3 STREET ADDRESS | 165 W. SR 434 | |
| 1.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 2.1 TITLE | D/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Good, Michael | |
| 2.3 STREET ADDRESS | 165 W. SR 434 | |
| 2.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Steffy, Charles | |
| 3.3 STREET ADDRESS | 165 W. SR 434 | |
| 3.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| 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 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: *Charles Steffy* SIGNATURE REQUIRED
Date: 3/15/99
Daytime Phone # 407.327.5824
0013677

CR2E037 (10/97)