

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:56

DOCUMENT # N37945 (5)

1. Corporation Name

SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779
US

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

59-3051306

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

23 City & State

23 City & State

24 Zip

25 Country

29 Zip

30 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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190.030,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, #5000
LONGWOOD FL 32779

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE V
NAME VALANTASIS, GUST
STREET ADDRESS %2600 MATLAND CNTR PKWY--
CITY-ST-ZIP MATLAND-FL---

TITLE P
NAME HOLLOWAY, JOHN
STREET ADDRESS %2600 MATLAND CNTR PKWY--
CITY-ST-ZIP MATLAND-FL---

TITLE TS
NAME DOLAN, FRANK
STREET ADDRESS %2600 MATLAND CNTR PKWY
CITY-ST-ZIP MATLAND-FL-----

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE VD ☒ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS 3260 UNIVERSITY BLVD STE 200
1 4 CITY-ST-ZIP WINTER PARK FL 32792

2 1 TITLE PD ☒ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS 3260 UNIVERSITY BLVD STE 200
2 4 CITY-ST-ZIP WINTER PARK FL 32792

3 1 TITLE TSD ☒ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS 3260 UNIVERSITY BLVD STE 200
3 4 CITY-ST-ZIP WINTER PARK FL 32792

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Frank Dolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Dolan 2/22/95

Date

407-657-1800

Daytime Phone #