

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741367

**Entity Name:** GLEN HOMEOWNERS'S ASSOCIATION INC.

**Current Principal Place of Business:**

3323 WEST SWANN AVENUE  
TAMPA, FL 33609

**Current Mailing Address:**

3323 WEST SWANN AVENUE  
TAMPA, FL 33609

**FEI Number: 59-1796819**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROEL, JAMES RMR.  
3323 WEST SWANN AVENUE  
TAMPA, FL 33609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BERTOLASIO, AMBER MS.  
Address 3321 W. SWANN AVENUE  
City-State-Zip: TAMPA FL 33609

Title VP  
Name ROEL, JAMES RMR.  
Address 3323 WEST SWANN AVENUE  
City-State-Zip: TAMPA FL 33609

Title D  
Name MCNAMARA, KERRI MS.  
Address 3319 W. SWANN AVENUE  
City-State-Zip: TAMPA FL 33609

Title D  
Name FOSTER, JUDY MRS.  
Address 616 SOUTH GLEN AVENUE  
City-State-Zip: TAMPA FL 33609

Title S  
Name SHINNEMAN, STACEY MS.  
Address 612 SOUTH GLEN AVENUE  
City-State-Zip: TAMPA FL 33609

Title T  
Name FRISCIA, KEN MR.  
Address 614 SOUTH GLEN AVENUE  
City-State-Zip: TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES R. ROEL**

**VP**

**02/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date