

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N28251

**FILED**  
**Feb 20, 2018**  
**Secretary of State**  
**CR4869992978**

**Entity Name:** GLADES EAST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5995 BANNOCK  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

5995 BANNOCK  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 65-0105680

**Certificate of Status Desired:** No

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

SMITH, RON  
5995 BANNOCK  
BOYNTON BEACH, FL 33437 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:** RON SMITH

02/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JACOBS, MARION  
Address        6070 TERRA MERE CIR  
City-State-Zip: BOYNTON BEACH FL 33437

Title           SECRETARY  
Name           ROTH, VICTORIA  
Address        11905 MONT LAKE DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           OSCAR, RICHARD  
Address        6118 TERRA MERE CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           TOLAN, BILL  
Address        6142 TERRA MERE CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title           PRESIDENT  
Name           SCHULMAN, RON  
Address        6148 TERRA MERE CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title           VP  
Name           FIELDS, STUART  
Address        11965 MONT LAKE DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           COHEN, IRWIN  
Address        11985 MONT LAKE DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** RON SCHULMAN

**PRESIDENT**

02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date