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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710412** (8)

1. Corporation Name

GLEN OAKS ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

**3745 BREEZEMONT DR.
SARASOTA FL 34232**

Mailing Address

**3745 BREEZEMONT DR.
SARASOTA FL 34232-1215**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/22/1966

3a. Date of Last Report

02/09/1996

4. FEI Number

65-0127963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**GIACCARDO, KIM
3745 BREEZEMONT DR
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARVER, BLAINE	
STREET ADDRESS	3931 CALLIANDRA DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GLUVNA, FRANK M	
STREET ADDRESS	3836 CALLIANDRA	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIACCARDO, KIM	
STREET ADDRESS	3745 BREEZEMONT DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANGER, AL	
STREET ADDRESS	3912 BREEZEMONT DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWERS, AUBREY	
STREET ADDRESS	3824 PIN OAKS DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NOSAL, ADAM	
STREET ADDRESS	3903 PIN OAKS	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wysock, Henry R.	
1.3 STREET ADDRESS	3844 Breezemont DR	
1.4 CITY-ST-ZIP	Sarasota FL 34232	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WRITZ, Eugene	
2.3 STREET ADDRESS	3906 Breezemont DR	
2.4 CITY-ST-ZIP	Sarasota FL 34232	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Altman, SANDRA	
3.3 STREET ADDRESS	3641 ALLENWOOD	
3.4 CITY-ST-ZIP	Sarasota FL 34232	
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	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ryder, PAUL	
6.3 STREET ADDRESS	3643 Pin Oaks Street	
6.4 CITY-ST-ZIP	SARASOTA, FL 34232	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

FRANK M. GLUVNA

3/11/97

(941) 366-1621

Daytime Phone # **0062940**

CR2E037 (9/96)