

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90010 042 \*\*\*\*61.25

0067334

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710412**

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



2. Principal Place of Business

21 **3836 CALLIANDRA DR.**

Suite, Apt. #, etc.

22 City & State

23 **SARASOTA FL**

Zip Country

24 **34232**

2a. Mailing Address

26 **3836 CALLIANDRA DR.**

Suite, Apt. #, etc.

27 City & State

28 **SARASOTA, FL**

Zip Country

29 **34232**

3. Date Incorporated or Qualified

**02/22/1966**

4. FEI Number

**65-0127963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

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 **Renée C. GLUVNA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3836 CALLIANDRA DR.**

83

84 City **SARASOTA**

**FL**

85 Zip Code  
**34232**

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 **Renée C. Gluvna**  
Signature, typed or printed name of registered agent and title if applicable.

**RENÉE C. GLUVNA**

**4-28-99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WYSOCK, HENRY R**  
STREET ADDRESS **3844 BREEZEMONT DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **P** ☐ DELETE  
NAME **GLUVNA, FRANK M**  
STREET ADDRESS **3836 CALLIANDRA**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☒ DELETE  
NAME **GIACCARDO, KIM**  
STREET ADDRESS **3745 BREEZEMONT DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE  
NAME **ALTMAN, E M**  
STREET ADDRESS **3641 ALLENWOOD ST**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ DELETE  
NAME **BOWERS, AUBREY**  
STREET ADDRESS **3624 PIN OAKS DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE  
NAME **RYDER, PAUL**  
STREET ADDRESS **3643 PIN OAKS ST**  
CITY-ST-ZIP **SARASOTA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **P/D** ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **S/T/D** ☒ 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 **V/D** ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED: FRANK M. GLUVNA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

**(941) 366-1621**

Date

Daytime Phone #

CR2E037 (1/98)