

FILE NOW: FILING FEE IS \$61.25

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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717402** (2)

1. Corporation Name

GLENDAL TERRACE CONDOMINIUM, INC.



Principal Place of Business	Mailing Address
ORANGE STATE PROP SVS. 259 E. JOEL BOULEVARD LEHIGH ACRES FL 33936 US	ORANGE STATE PROP SVS. 259 E. JOEL BOULEVARD LEHIGH ACRES FL 33936 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	10/21/1969
4. FEI Number	59-1380996
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
ORANGE STATE PROPERTY SERVICES INC. 259 E. JOEL BLVD. LEHIGH FL 33936

10. Name and Address of New Registered Agent
81 Name Spectrum Property Services
82 Street Address (P.O. Box Number is Not Acceptable)
205 E. Joel Blvd
83
84 City Lehigh
85 Zip Code FL 33972

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]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ALLEN, CURTIS K.
STREET ADDRESS	259 E. JOEL BLVD.
CITY-ST-ZIP	LEHIGH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MCHAN, MAXINE
STREET ADDRESS	259 E. JOEL BLVD.
CITY-ST-ZIP	LEHIGH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PALDINO, ANTHONY
STREET ADDRESS	259 E. JOEL BLVD.
CITY-ST-ZIP	LEHIGH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD / TD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Trustee
4.3 STREET ADDRESS	Home B Own. 205 E Joel Blvd
4.4 CITY-ST-ZIP	Lehigh FL 33972
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1000002553394
6.3 STREET ADDRESS	-06/09/98--01094--034
6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*

CR2E037 (10/97)