## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

754503

(1)

GLADI	EWIND HEIGHTS HOMEOW	NERS ASSOCIATION, I	NC.			BU BIBU BIBU BIBU BIBU BIBU BIBU
Principal Plac	ce of Business	Mailing Address				714 <b>615</b> 14 61211 61811 61611 61611 1881
		13388 SW 128 STREET Miai Fl 33186 US			Date Incorporated or Qualified     10/07/1980     FEI Number	Applied For
2. Principal f	Place of Business	2a. Mailing Address			59-2115921	Not Applicable
21	1000 Of Eddinoss	26			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>		6. Election Campaign Financing	\$5.00 May Be	
27				Trust Fund Contribution		
_ `	City & State				7. Is this nonprofit corporation a homeo	
Zip	Country	28	Counts		Yes	<del> =</del>
24	25	Zip 29	Country 30	r	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible  Yes D No
241	9. Name and Address of Curre		1301		10. Name and Address of New Registe	
			81	Name		
HYMAN, MICHAEL L			82	Street A	Address (P.O. Box Number is Not Acceptable)	
44 W FLAGLER ST				OH COLT		
MAMI F	FL 33130		83			
			84	City		85 Zip Code
	10 000			i '		FL
office or i	registered agent, or both, in the State	e of Florida. Such change was a	authorized by	/ the corpo	corporation submits this statement for the purpor oration's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. Fe	am familiar with, and accept the oblig	jations of, Section 617.0503, Flo	rida Statutes	\$.	• •	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT)	E: Registered Age	ent algonature ro	required when reinstating) DA	TF
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	MICHALSON, JEFF		1.2 NAME	ľ		
STREET ADDRESS	9023 SW 112 PLACE		1.3 STREET	address		
CITY-ST-ZIP	MIAMI FL 33/74		1.4 City-St-ZIP			
TITLE		TD DELETE 2.11				Change Addition
NAME	SEGAL, DON		2.2 NAME			
STREET ADDRESS	11258 SW 90 LANE 33/	7/	2.3 STREET	1		
CITY-ST-ZIP TITLE	MIAMIFL 33/	₩ DELETE	2.4 CITY - S 3.1 TITLE	iT-ZIP		☐ Change ☐ Addition
NAME	HENDRICH, BETTY	Lag Glacera	3.2 NAME			
STREET ADDRESS	11250 SW 90 LANE		3.3 STREET	ADDRESS		i
CITY-ST-ZIP	MAM FL		3.4. CITY - S			
TITLE	D	DELETE	4.1 TITLE			Change Addition
NAME	LONGORIA, TONY D		4. 2 NAME			
STREET ADDRESS	9061 SW 112 CT		4.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMIFL 33/76		4.4 CITY-ST-ZIP			
TITLE	□ DELETE ■		5.1 TITLE			Change Addition
NAME	VARGO, HACK 11277 SW 904 MIAMI, FL 3	_	5.2 NAME			
STREET ADDRESS	11277 SW 904	ANG	5.3 STREET	address		
CITY-ST-ZIP	MIAMI, PC 3	3/76	5.4 CITY-ST	-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME CIDEET ADDRESS			6.2 NAME	4000000		
STREET ADDRESS			6.3 STREET A	ALAUKESS		

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.

CICMATURE.

Jeff Michalson / 100

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**FILED** 

Mar 05 1998 8:00am

Secretary of State