

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756009

(7)

1. Corporation Name

GLE HOMEOWNERS, INC.

FILED

1995 JUL 12 AM 9:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

P.O. BOX 1256
GOLDENROD FL 32733-1256

P.O. BOX 1256
GOLDENROD FL 32733-1256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1991

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2571876

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADRIGAL, GILL M.
1891 ASTER DR.
WINTER PARK FL 32792**

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 607.0502 and 607.1508, 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 607.0505, 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	PD
NAME	LONDONO, KIM
STREET ADDRESS	1991 ASTER DR.
CITY-ST-ZIP	WINTER PARK FL
TITLE	VD
NAME	KEMP, BETTY
STREET ADDRESS	1280 GLADIOLAS DR.
CITY-ST-ZIP	WINTER PARK FL
TITLE	S
NAME	ANDREWS, BEVERLY
STREET ADDRESS	1310 GLADIOLAS DR.
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD
NAME	NORMA, ALVA
STREET ADDRESS	1360 GLADIOLAS DR.
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	MADRIGAL, GILL M.
STREET ADDRESS	1891 ASTER LN.
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	CHAPMAN, SANDY
STREET ADDRESS	1290 GLADIOLAS DR.
CITY-ST-ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Londono Kim	
1.3 STREET ADDRESS	1991 Aster Dr	
1.4 CITY-ST-ZIP	Winter Park FL	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Kemp, Betty	
2.3 STREET ADDRESS	1280 Gladiolas Dr	
2.4 CITY-ST-ZIP	Winter Park, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	☒ Change ☒ Addition
4.2 NAME	WOLFSON, FRANCES	
4.3 STREET ADDRESS	3661 JONQUIL LANE	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME	Madrigal, Gill M	
5.3 STREET ADDRESS	1891 Aster Dr.	
5.4 CITY-ST-ZIP	Winter Park FL	
6.1 TITLE	VP	☐ Change ☒ Addition
6.2 NAME	Szymanski, William	
6.3 STREET ADDRESS	1370 Gladiolas Dr	
6.4 CITY-ST-ZIP	Winter Park FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Kim Londono
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type Name)