

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **756009**

(7)

1. Corporation Name

GLE HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1256
GOLDENROD FL 32733-1256

P.O. BOX 1256
GOLDENROD FL 32733-1256

3. Date Incorporated or Qualified
01/22/1981

3a. Date of Last Report
07/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME ~~LONDONO, KIM~~
STREET ADDRESS ~~1991 ASTER DR.~~
CITY-ST-ZIP ~~WINTER PARK FL~~

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **GILL M. MADRIGAL**
1.3 STREET ADDRESS **1891 ASTER DRIVE**
1.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ DELETE
NAME **KEMP, BETTY**
STREET ADDRESS **1280 GLADIOLAS DR.**
CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **ANDREWS, BEVERLY**
STREET ADDRESS **1310 GLADIOLAS DR.**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **TD** ☐ DELETE
NAME ~~WOLFSON, FRANCES~~
STREET ADDRESS ~~3001 JONQUIL LANE~~
CITY-ST-ZIP ~~WINTER PARK FL~~

4.1 TITLE **VP.** ☒ Change ☐ Addition
4.2 NAME **BILL SZYMANOSKI**
4.3 STREET ADDRESS **1370 GLADIOLAS DR**
4.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **PD** ☐ DELETE
NAME **MADRIGAL, GILL M.**
STREET ADDRESS **1891 ASTER LN.**
CITY-ST-ZIP **WINTER PARK FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME ~~CHAPMAN, SANDY~~
STREET ADDRESS ~~1200 GLADIOLAS DR.~~
CITY-ST-ZIP ~~WINTER PARK FL~~

6.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
6.2 NAME **NORMA ALVA**
6.3 STREET ADDRESS **1360 GLADIOLAS DR**
6.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gill M. Madrigal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19/96 407 677-0209
Date Daytime Phone #

CR2E037 (12/95)