## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporation Name (7)												
GLE HOMEOWNERS, INC.												
GLE HUMEUMMEND, INU.									E HATHII ATAAN AHIIN AINII AARIN AARIN AARIN AINII AINII	Bidit atan diar	I BIBII SIBII IBBI	
Principal Plac	e of Busines	s	Mai	Mailing Address					E IMBOIT ON OUT OF OUT OF THE ORICH TOLE OF THE	OLON SIBIL GION	( B)B(( Q181) (B9)	
P.O. BOX 1256 P.O. BOX 1256									A Date to a second at 0 - 110 - 1			
GOLDENROD FL 32733-1256				GOLDENROD FL 32733-1256					3. Date Incorporated or Qualified			
								j	01/22/1981 4. FEI Number		Applied For	
								1	59-257 1876		Not Applicable	
2. Principal F	lace of Busin	ness	2a.	2a. Mailing Address							5 Additional	
21				26					5. Certificate of Status Desired	· ·	Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00	O May Be	
22				27					Trust Fund Contribution		d to Fees	
City & Stat	e		<b>├</b> ─┐	City & State					7. Is this nonprofit corporation a homeowners association?			
<b>23</b> ] Zip			Zip Country				X Yes					
24	ip Country		— <u></u> ⊢	29 30		n '			Personal Property Tax due June 30.	Current year	Intangible No	
	ered Agent					10. Name and Address of New Registered Agent						
						81	Name					
MADRIGAL, GILL M.						82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
1891 ASTER DR.							D.1. O.1.	All del Address (1.0. Dox Humber is Not Addeptable)				
WINTER PARK FL 32792						83						
						84	City			. 85 Zi	ip Code	
									<b>_ </b>			
office or a	10 the provis registered ag	ions of Sections jent, or both, in	s 617.0502 and 617 the State of Florida	7.1508, Florida : a. Such change	Statutes, th was author	e above rized by	the corp	corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the a	i of changing ippointment	j its registered as registered	
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida</li> </ol>							3.		2/17	 	_	
SIGNATURE			egistered agent and title if		(NOTE: Pagi	ctored Age	ol eicoabura	required	when reinstating) DA	78		
12.	arginatora, typod		CERS AND DIRECT			13.	int pignature	requiec	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	P			☐ DELET	É 1	.1 TITLE				Change	e Addition	
NAME	MADRIG	al, gill m			1	.2 NAME						
STREET ADDRESS				1.3 ST			ADDRESS					
CITY-ST-ZIP		PARK FL					T-ZIP					
TITLE	D			☐ DELET		2.1 TITLE				Change	e 🔲 Addition	
NAME	KEMP, E						2.2 NAME					
STREET ADDRESS		ADIOLAS DR.	•				2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	S	PARK FL		☐ DELET		2. 4 CITY-5 1.1 TITLE	i - ZIP	<b> </b>		Change	e Addition	
NAME	T	VS, BEVERLY				L2 NAME				C Ollered	- L reduion	
STREET ADDRESS		ADIOLAS DR.			1	3 STREET	ADDRESS					
CITY-ST-ZIP		PARK FL			1	4. CITY-S						
TITLE	VP	·		DELET		1 TITLE				Change	e Addition	
NAME	SZYMAN	iski, Bill			4	. 2 NAME						
STREET ADDRESS		adiolas dr.			4	.3 STREET	ADDRESS					
CITY-ST-ZIP		PARK FL				4 CITY-S	T-ZIP					
TITLE	PD	A1 AH		☐ DELET		.1 TITLE				Change	e	
NAME		AL, GILL M.				2 NAME						
STREET ADDRESS	1891 AS				- 1	.3 STREET						
CITY-ST-ZIP		PARK FL		☐ DELET		4 CITY-ST	- ZiP			Change	B Addition	
TITLE NAME	d Alva, n	<b>ORMA</b>				1 TITLE				CHANGE	, L AUGICION	
STREET ADDRESS		onma ADIOLAS DR.			4	.2 NAME .3 Street	#DDBE66					
CITY-ST-ZIP		PARK FL				.4 CITY-SI	- 1					
V- B"	******	1 <b>1</b>			= "							

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:

2117/98

407-671-5796

**FILED** 

Feb 23 1998 8:00am

Secretary of State