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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756009

1. Corporation Name

GLE HOMEOWNERS, INC.

Principal Place of Business

P.O. BOX 1256
GOLDENROD FL 32733-1256

Mailing Address

P.O. BOX 1256
GOLDENROD FL 32733-1256



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/22/1981

4. FEI Number

59-2571876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Gill M. Madrigal

Signature, typed or printed name of registered agent and the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MADRIGAL, GILL M**
STREET ADDRESS **1891 ASTER DRIVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE

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

TITLE **S** ☒ DELETE

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

TITLE **VP** ☒ DELETE

NAME **SZYMANSKI, BILL**
STREET ADDRESS **1370 GLADIOLAS DR.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **PD** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **ALVA, NORMA**
STREET ADDRESS **1360 GLADIOLAS DR.**
CITY-ST-ZIP **WINTER PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SECRETARY

LIZA FIELDS

1940 ASTER DRIVE

WINTER PARK, FL 32792

PRESIDENT

ED FIELD

1940 ASTER DRIVE

WINTER PARK, FL 32792

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, with all other like empowered.

SIGNATURE:

Gill M. Madrigal **SIGNATURE REQUIRED**

18 JAN 1999

407-671-5196

Date

Daytime Phone #

CR2E037 (11/98)