

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 11 1997 8:00am
Secretary of State

DOCUMENT # 765907 (1)
1. Corporation Name

GLEN JAC HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2359 AURORA CT. 2359 AURORA CT.
KISSIMMEE FL 34744 KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3702 SECOR AVE		2a. Mailing Address 26 3702 SECOR AVE.		3. Date Incorporated or Qualified 11/30/1982	3a. Date of Last Report 08/29/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2892868	Applied For Not Applicable
23 City & State BRONX, N.Y.		28 City & State BRONX, N.Y.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 10466		29 Zip 10466		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country U.S.A.		30 Country U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TOLLEFSRUD, MICHAEL
515 E. VINE STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name PAUL PERSAUD	85 Zip Code 32758
82 Street Address (P.O. Box Number is Not Acceptable) 865 SAN PEDRO CT.	
83 POINCIANA	
84 City KISSIMMEE	FL

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 *Paul Persaud* PAUL PERSAUD 7/28/97
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 PD	KAHOUN, RICHARD F	1.1 TITLE P/D	GOBIN PERSAUD
NAME	2359 AURORA COURT	1.2 NAME	3702 SECOR AVE.
STREET ADDRESS	KISSIMMEE FL 34744	1.3 STREET ADDRESS	BRONX, NY 10466
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	KAHOUN, ALICE M	2.1 TITLE VP	MOHANE PERSAUD
NAME	2359 AURORA COURT	2.2 NAME	3702 SECOR AVE
STREET ADDRESS	KISSIMMEE FL 34744	2.3 STREET ADDRESS	BRONX, NY 10466
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE STD	KAHOUN, KENNETH R	3.1 TITLE STD	PAUL PERSAUD
NAME	710 N. LAVON	3.2 NAME	865 SAN PEDRO CT.
STREET ADDRESS	KISSIMMEE FL 34743	3.3 STREET ADDRESS	POINCIANA, KISSIMMEE, FL 32758
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Go bin Persaud* 7/28/97
SIGNATURE REQUIRED

CR2E037 (4/97)