

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02429 (1)

1. Corporation Name

GLEN OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% JOE BERKOVITS
621 N.W. 102ND AVENUE
CORAL SPRINGS FL 33071

% JOE BERKOVITS
621 N.W. 102ND AVENUE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1984

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0008115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

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

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKOVITS, JOE S.
8211 W BROWARD BLVD. SUITE 340
PLANTATION, FL
FT. LAUDERDALE FL 33071

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PUCK, ROBERT J.
STREET ADDRESS	10417 N.W. 6TH STREET
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	HOPP, ROBERT M.
STREET ADDRESS	10330 N.W. 6TH STREET
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	SD
NAME	WANDNER, ANDREA
STREET ADDRESS	10434 NW 6 CT
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	TD
NAME	BERKOVITS, JOE S.
STREET ADDRESS	621 N.W. 102ND AVENUE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	WILLMERING, RICHARD A.
STREET ADDRESS	10334 N.W. 6TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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 recorder 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, upon attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

2/27/95

Date

344-9229

Daytime Phone