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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33071-8800

3. Date Incorporated or Qualified: 04/09/1984
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21: 9350 S. DIXIE HWY
22 Suite, Apt. #, etc.: SUITE 900
23 City & State: MIAMI, FL
24 Zip: 33156
25 Country:

2a. Mailing Address
26: 9350 S. DIXIE HWY
27 Suite, Apt. #, etc.: SUITE 900
28 City & State: MIAMI, FL
29 Zip: 33156
30 Country:

4. FEI Number: 65-0008115 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

81 Name: ROBERT J. PUCK
82 Street Address (P.O. Box Number is Not Acceptable): 9350 S. DIXIE HWY # 900
83
84 City: MIAMI **FL** 85 Zip Code: 33156

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 ✓ 2/25/97
Signature, type 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PUCK, ROBERT J.		1.2 NAME		
STREET ADDRESS	10417 N.W. 6TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOPP, ROBERT M.		2.2 NAME		
STREET ADDRESS	10330 N.W. 6TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WANDNER, ANDREA		3.2 NAME		
STREET ADDRESS	10434 NW 6 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERKOVITS, JOE S.		4.2 NAME		
STREET ADDRESS	621 N.W. 102ND AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLMERING, RICHARD A.		5.2 NAME		
STREET ADDRESS	10334 N.W. 6TH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	SAM GASPARONI	
STREET ADDRESS			6.3 STREET ADDRESS	609 N.W. 102 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL.		6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

CR2E037 (9/96)

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: ✓ ROBERT J. PUCK, PRESIDENT 2/25/97 305 624-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026062