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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N02429

1. Corporation Name

GLEN OAKS HOMEOWNERS' ASSOCIATION, INC.

112303 90149 036 3 *

Principal Place of Business	Mailing Address
9350 S DIXIE HWY SUITE 900 MIAMI FL 33156 US	9350 S DIXIE HWY SUITE 900 MIAMI FL 33156 US

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualifed: 04/09/1984

4. FEI Number: 65-0008115 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

PUCK, ROBERT J.
9350 S DIXIE HWY
#900
MIAMI FL 33156

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	GASPARONI, SAM		4.2 NAME		
STREET ADDRESS	609 NW 102 AVE		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	V	☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	O'DELL, ROBYN	
STREET ADDRESS			6.3 STREET ADDRESS	10290 SW 6 ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 1/17/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #