# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2000 8:00 am**
**Secretary of State**
02-07-2000 90070 035 ****61.25

DOCUMENT # N02429

1. Entity Name

GLEN OAKS HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9350 S DIXIE HWY<br>SUITE 900<br>MIAMI FL 33156<br>US | 9350 S DIXIE HWY<br>SUITE 900<br>MIAMI FL 33156-2945<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2501 E. COMMERCIAL BLVD | 2501 E. COMMERCIAL BLVD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FT. LAUDERDALE FL | City & State: FT LAUDERDALE FL |
| Zip: 33308 Country | Zip: 33308 Country |

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PUCK, ROBERT J.<br>9350 S DIXIE HWY<br>#900<br>MIAMI FL 33156 | Name: SAM GASPARONI / GASPARONI REAL ESTATE<br>Street Address (P.O. Box Number is Not Acceptable): 2501 E. COMMERCIAL BLVD<br>City: FT. LAUDERDALE FL Zip Code: 33308 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ 1/31/00

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PUCK, ROBERT J.<br>10417 N.W. 6TH STREET<br>CORAL SPRINGS FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAUL KAVANAGH<br>10470 NW. 6 CT<br>CORAL SPRINGS, FL 33071 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WANDNER, ANDREA<br>10434 NW 6 CT<br>CORAL SPRINGS FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GASPARONI, SAM<br>609 NW 102 AVE<br>CORAL SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WILLMERING, RICHARD A.<br>10334 N.W. 6TH COURT<br>CORAL SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>ODELL, ROBYN<br>10290 SW 6 ST<br>CORAL SPRINGS FL 33071 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S<br>SHARI COFAR<br>10312 NW 6 CT<br>CORAL SPRINGS, FL 33071 | ☐ Change ☒ Addition |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #