

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02429

FILED
Apr 28, 2007
Secretary of State

Entity Name: GLEN OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10400 N.W. 6TH COURT
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

10400 N.W. 6TH COURT
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0008115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, JOHN B
1881 UNIVERSITY DRIVE #100
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARSH, PHILLIP
Address: 10400N.W. 6 COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD () Delete
Name: GASPARONI, SAM
Address: 609 NW 102 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD () Delete
Name: THIGPEN, MARK
Address: 10313 N.W. 6 COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: AT-L () Delete
Name: NICK, COLOSI
Address: 10290 NW 6TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: KATZ, BETH
Address: 10456 NW 6TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM GASPERONI

TD

04/28/2007

Electronic Signature of Signing Officer or Director

Date