## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02429

FILED Mar 25, 2009 Secretary of State

Entity Name: GLEN OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10400 N.W	. 6TH COURT PRINGS, FL 33071	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	7. 6TH COURT PRINGS, FL 33071	US			
FEI Number:	65-0008115 FE	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:	
JOHNSON, HENRY W % JOHNSON, ZIPPAY & WALTERS P.A. 1401 N. UNIVERSITY DRIVE, SUITE 301 CORAL SPRINGS, FL 33071 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
	of Florida.	ins this statement for the pe	ripose of changing its registere	a office of registered agent, of both,	
SIGNATUR	RE:				
	Electronic Si	gnature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delet MARSH, PHILLIP 10400N.W. 6 COURT CORAL SPRINGS, FI	- 33071	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delet GASPARONI, SAM 609 NW 102 AVE CORAL SPRINGS, FI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () Delet THIGPEN, MARK 10313 N.W. 6 COUR CORAL SPRINGS, FL	т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AT-L () Delet NICK, COLOSI 10290 NW 6TH CT CORAL SPRINGS, FI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () Delet KATZ, BETH 10456 NW 6TH CT CORAL SPRINGS, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 03/25/2009