


4-17-97 B-4863 C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10644** (5)
1. Corporation Name
GLEN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3001 EXECUTIVE DR STE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DR STE 260 CLEARWATER FL 34622-3389 US
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3. Date Incorporated or Qualified 08/09/1985	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2750616 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONEAL, RAND E.
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR, STE 260
CLEARWATER FL 34622

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *[Signature]* **CONDONIMINIUM ASSOCIATES** **CELESTINE D. CALDWELL, Vice President** **4-7-97**
Signature, typed 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	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, WINI	1.2 NAME	RICH ROY
STREET ADDRESS	8623 18TH WAY N	1.3 STREET ADDRESS	1860 GLEN LAKES BLVD.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHAZ, JOSEPH	2.2 NAME	BOS EXPOSITO
STREET ADDRESS	1920 GLEN LAKES BLVD N	2.3 STREET ADDRESS	8633 18TH WAY N.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RICK	3.2 NAME	RICK FERNANDEZ
STREET ADDRESS	1747 87TH TERR N	3.3 STREET ADDRESS	1747 87TH TERR. N.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LA TORRE, LYNN	4.2 NAME	CARY GUNS
STREET ADDRESS	1717 87TH TERR N	4.3 STREET ADDRESS	8284 GLEN LAKES BLVD. N.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, SCOT	5.2 NAME	DENNIS PALSO
STREET ADDRESS	1902 GLEN LAKES CIRCLE N	5.3 STREET ADDRESS	1904 GLEN LAKES CIRCLE
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, TOM	6.2 NAME	BERT RAUCH
STREET ADDRESS	8727 GLEN LAKES BLVD N	6.3 STREET ADDRESS	8633 GLEN LAKES BLVD.
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/8/97

Date Daytime Phone # 00000000

CR2E037 (9/96)