


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3001 EXECUTIVE DR STE 260 CLEARWATER FL 34622 US</b>	Mailing Address <b>3001 EXECUTIVE DR STE 260 CLEARWATER FL 34622 US</b>
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3. Date Incorporated or Qualified <b>08/09/1985</b>	4. FEI Number <b>59-2750616</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>3001 EXECUTIVE DR</b> Suite, Apt. #, etc. 22 <b>260</b> City & State 23 <b>CLEARWATER, FL</b> Zip 24 <b>33762</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>3001 EXECUTIVE DR</b> Suite, Apt. #, etc. 27 <b>260</b> City & State 28 <b>CLEARWATER, FL</b> Zip 29 <b>33762</b> Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCNEAL, RAND E.  
CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR, STE 260  
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent 81 Name <b>Condominium Associates</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3001 Executive Drive suite 260</b> 83 84 City <b>Clearwater</b> FL 85 Zip Code <b>33762</b>
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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 *Condominium Associates by Craig D. Russell* VICE PRES. *1-29-98*  
Signature, typed or printed name of registered agent and title if applicable (Type: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD EXPOSITO, BOB</b>
STREET ADDRESS	<b>8633 18 WAY N</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD RICH, RAY</b>
STREET ADDRESS	<b>1680 GLEN LAKES BLVD</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD FERNANDEZ, RICK</b>
STREET ADDRESS	<b>1747 87TH TERR N</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DE LA TORRE, LYNN</b>
STREET ADDRESS	<b>1717 87TH TERR N</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD MOORE, SCOT</b>
STREET ADDRESS	<b>1902 GLEN LAKES CIRCLE N</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D POWERS, TOM</b>
STREET ADDRESS	<b>8727 GLEN LAKES BLVD N</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Rauch, Bert</b>
1.3 STREET ADDRESS	<b>8633 18th way N.</b>
1.4 CITY - ST - ZIP	<b>St. Petersburg, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Gums, Cary</b>
2.3 STREET ADDRESS	<b>8786 Glen Lake Blvd N.</b>
2.4 CITY - ST - ZIP	<b>St. Petersburg, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D Palso, Dennis</b>
3.3 STREET ADDRESS	<b>1904 Glen Lake Cir</b>
3.4 CITY - ST - ZIP	<b>St. Petersburg, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Scot E Moore* **SCOT E MOORE** *2/16/98*

CR2E037 (10/97)