


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90113 040 ****61.25

0054930

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N10644					
1. Corporation Name GLEN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3001 EXECUTIVE DR 260 CLEARWATER FL 33762 US			Mailing Address 3001 EXECUTIVE DR 206 CLEARWATER FL 33762 US		

218054 - 90113 - 40



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/09/1985	
				4. FEI Number 59-2750616	
				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	
9. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR 260 CLEARWATER FL 33762			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

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, 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EXPOSITO, BOB	1.2 NAME	500 Lamar, Scott
STREET ADDRESS	8633 18 WAY N	1.3 STREET ADDRESS	1820 Glen Lakes Blvd
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St Pete FL 33702
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, RAY	2.2 NAME	
STREET ADDRESS	1860 GLEN LAKES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RICK	3.2 NAME	
STREET ADDRESS	1747 87TH TERR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <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	Rauch, Bert
STREET ADDRESS	1717 87TH TERR N	4.3 STREET ADDRESS	8632-18 Way N
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St Pete FL 33702
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, SCOT	5.2 NAME	Palso, Dennis
STREET ADDRESS	1902 GLEN LAKES CIRCLE N	5.3 STREET ADDRESS	1904 Glen Lakes Cir.
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	St Pete FL 33702
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, TOM	6.2 NAME	
STREET ADDRESS	8727 GLEN LAKES BLVD N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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, with all other like empowered.

SIGNATURE:

SCOT J. MOORE, TREASURER

3/3/99

727 577 9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)