

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90213 006 ****61.25

DOCUMENT # N10644

1. Entity Name

GLEN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3001 EXECUTIVE DR
260
CLEARWATER FL 33762
US

3001 EXECUTIVE DR
206
CLEARWATER FL 33762
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2750616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
260
CLEARWATER FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EXPOSITO, BOB	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	8633 18 WAY N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICH, RAY	
STREET ADDRESS	1000 GLEN LAKES BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, RICK	
STREET ADDRESS	1747 87TH TERR N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE LA TORRE, LYNN	
STREET ADDRESS	1747 87TH TERR N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, SCOT	
STREET ADDRESS	1902 GLEN LAKES CIRCLE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, TOM	
STREET ADDRESS	8727 GLEN LAKES BLVD N	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	MASSER, WINI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8623 18TH WAY N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	WELDON, DAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8850 GLEN LAKES BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	BARKER, GREGORY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8849 GLEN LAKES BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	WIER, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8643 18TH WAY N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	LAMAR, SCOTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1820 GLEN LAKES BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

8/14/00

813 282-8556

Date

Daytime Phone #

CP2E037 (5/00)