

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10644

1. Entity Name

GLEN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90005 033 \*\*\*\*61.25

Principal Place of Business

3001 EXECUTIVE DR  
 260  
 CLEARWATER FL 33762  
 US

Mailing Address

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

4. FEI Number

59-2750616

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	<del>MD</del>	<input type="checkbox"/> Delete
NAME	MASSEY, WINI	<i>change</i>
STREET ADDRESS	8623 18TH WAY N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>WELDON, DAN</del>	
STREET ADDRESS	8850 GLEN LAKES BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	<del>P</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BARKER, GEOFFREY</del>	
STREET ADDRESS	8849 GLEN LAKES BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	WIER, JOHN	<i>change</i>
STREET ADDRESS	8843 18TH WAY N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	<del>TD</del>	<input type="checkbox"/> Delete
NAME	MOORE, SCOT	<i>change</i>
STREET ADDRESS	1902 GLEN LAKES CIRCLE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BARKER, JEFF</del>	
STREET ADDRESS	8849 GLEN LAKES BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, WINI	<i>change</i>
STREET ADDRESS	8623 18th Way N.	
CITY-ST-ZIP	St. Pete, FL	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rauch, Brian	<i>change</i>
STREET ADDRESS	1770 Glen Lakes Blvd.	
CITY-ST-ZIP	St. Pete, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hennings, Maria	<i>change</i>
STREET ADDRESS	1747 87th Terr. N.	
CITY-ST-ZIP	St. Pete, FL	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wier, John	<i>change</i>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dillon, Frank	<i>change</i>
STREET ADDRESS	1944 Glen Lakes Cir N.	
CITY-ST-ZIP	St. Pete, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stark, Dan	<i>change</i>
STREET ADDRESS	1840 Glen Lakes Cir. N.	
CITY-ST-ZIP	St. Pete, FL 33702	

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 REQUIRED*

4/16/02

577-6839

CR2E037 (9/01)