

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1998 8:00 am
Secretary of State

DOCUMENT # N14476 (8)

1. Corporation Name

HAZEL GLEN COMMUNITY ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

Mailing Address

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

2. Principal Place of Business

21 Hazel Glen Community Assoc. Inc.

Suite, Apt. #, etc.
P.O. Box 952526

City & State
Lake Mary, FL

Zip Country
32795-2526 USA

2a. Mailing Address

21 Hazel Glen Community Assoc. Inc.

Suite, Apt. #, etc.
P.O. Box 952526

City & State
Lake Mary, FL

Zip Country
32795-2526 USA

3. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

3. Date first created or qualified

04/18/1986

4. FEI Number

59-2870312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Scott Austin

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

103 Donna Circle

83

84 City

Sanford

FL

85 Zip Code

32773

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

Scott E. Austin

Scott E. Austin, Pres.

3/27/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HISE, RICHARD
STREET ADDRESS 150 HAZEL BLVD
CITY-ST-ZIP SANFORD FL

TITLE PTD
NAME AUSTIN, SCOTT
STREET ADDRESS 103 DONNA CIR
CITY-ST-ZIP SANFORD FL

TITLE SD
NAME TOLBERT, ANDREA
STREET ADDRESS 107 HAZEL BLVD.
CITY-ST-ZIP SANFORD FL

TITLE D
NAME SLADEK, JEFFERY
STREET ADDRESS 111 HAZEL BLVD.
CITY-ST-ZIP SANFORD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD
1.2 NAME Ginger McCormick
1.3 STREET ADDRESS 119 Donna Circle
1.4 CITY-ST-ZIP Sanford, FL 32773

2.1 TITLE PD
2.2 NAME E00002530746-7
2.3 STREET ADDRESS -05/20/98--01107--018
2.4 CITY-ST-ZIP ***175.00 ***175.00

3.1 TITLE SD
3.2 NAME Patti Earl
3.3 STREET ADDRESS 110 Donna Circle
3.4 CITY-ST-ZIP Sanford, FL 32773

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME Ted Huper
5.3 STREET ADDRESS 192 Sir Lawrence Dr
5.4 CITY-ST-ZIP Sanford, FL 32773

6.1 TITLE
6.2 NAME 04-02-98 and 08 002
6.3 STREET ADDRESS \$61.25
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: Ginger D McCormick, Patti Earl, Ted Huper, 3.27.98 119 Donna Circle

CR2E037 (10/97)