

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 15 1998 8:00am  
Secretary of State

DOCUMENT # N15976

(6)

1. Corporation Name

GLENSHIRE COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2412 GLENSHIRE LANE  
TALLAHASSEE FL 32308

2412 GLENSHIRE LANE  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

07/21/1986

4. FEI Number

59-2892455

Applied For

Not Applicable

2. Principal Place of Business

21 3755 Forsythe Way

Suite, Apt. #, etc.

2a. Mailing Address

26 3755 Forsythe Way

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL

Zip

24 32308

Country

Zip

29 32308

Country

30

9. Name and Address of Current Registered Agent

KUCHARSKI, STANLEY  
2406 GLENSHIRE LANE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Norma Hammock

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

3755 Forsythe Way

83

84 City

Tallahassee

FL

85 Zip Code

32308

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

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

Norma Hammock, VP & Secretary

8/31/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☒ DELETE

NAME KUCHARSKI, STANLEY  
STREET ADDRESS 2406 GLENSHIRE LANE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE V/D ☐ DELETE

NAME HAMMOCK, NORMA  
STREET ADDRESS 3755 FORSYTHE WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T/D ☒ DELETE

NAME LYONS, CAROLINE M  
STREET ADDRESS 2412 GLENSHIRE LANE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME Charles Philippon  
1.3 STREET ADDRESS 2411 Glenshire Lane  
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE T/D ☐ Change ☒ Addition

2.2 NAME Myra Campbell  
2.3 STREET ADDRESS 2406 Glenshire Lane  
2.4 CITY-ST-ZIP Tallahassee, FL 32308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

200002643082  
-09/18/98--01039--010  
\*\*\*61.25

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:

*Norma Hammock*

Norma Hammock, VP

8/31/98

850-669-6952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)