

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90180 038 ****61.25

DOCUMENT # N16256

1. Entity Name

THE GLEN HOMEOWNERS ASSOCIATION OF CITRUS
COUNTY, INC.



Principal Place of Business

Mailing Address

PO BOX 640482
BEVERLY HILLS FL 34464

PO BOX 640482
BEVERLY HILLS FL 34464



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2995238

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

DEAN, JACQUELINE
3572 N. WOODGATE DR.
BEVERLY HILLS FL 34465

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME NOWICKE, LEROY M
STREET ADDRESS 3616 N LUCILLE DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE SD ☐ Change ☒ Addition
NAME Florence Demcovitz
STREET ADDRESS 3529 N. Woodgate Dr.
CITY-ST-ZIP Beverly Hills, FL 34465

TITLE VPD ☐ Delete
NAME HOFFMON, PAUL
STREET ADDRESS 3644 N. LUCILLE DR.
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D ☐ Change ☒ Addition
NAME Arthur Jannine
STREET ADDRESS 3560 N. Woodgate Dr.
CITY-ST-ZIP Beverly Hills, FL 34465

TITLE TP ☐ Delete
NAME DEAN, JACQUELINE
STREET ADDRESS 3572 N. WOODGATE DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D ☐ Change ☒ Addition
NAME Allen Matthews
STREET ADDRESS 3606 N. Lucille Dr.
CITY-ST-ZIP Beverly Hills, FL 34465

TITLE D ☐ Delete
NAME TOBARA, NANCY
STREET ADDRESS 3621 N. LUCILLE DR.
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE D ☐ Change ☒ Addition
NAME Martha Simon
STREET ADDRESS 3580 N. Woodgate Dr.
CITY-ST-ZIP Beverly Hills, FL 34465

TITLE D ☐ Delete
NAME GERSHKON, IRA
STREET ADDRESS 3609 N. LUCILLE DR.
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MONROE, JAMES
STREET ADDRESS 3611 N LUCILLE DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jacqueline Dean
Jacqueline Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

(352) 527-8405

Date Daytime Phone #