FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N27550

(5)

THE	PARK A	at tan	GLEWOOD	LAKES	CONDOMINIUM.	INC.

Principal Place	e of Business	Mailing	Address						0 0 0 0 0 0 0 0 6	
•										
	PINES FL 33025		721 S.W. 96TH AVE. PEMBROKE PINES FL 33025							
US							3. Date Incorporated or Qualified	3a. Date o	of Last Report	
							07/22/1988		/13/1995	
2. Principal Pl	face of Business	2a. Mai	ling Address				4. FEI Number		Applied For	
21		26	26			65-0093212		Not Applicable		
Suite, Apt.	#, etc.	—	te, Apt. #, etc.				5. Certificate of Status Desired	_ \$	8.75 Additional	
22 Ch. 9 Ctal			27					-	Fee Required	
City & State	e		Oty & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζip	Country	Zo	<u> </u>				This corporation has liability for intangible tax under s. 199.032,			
24	25	29	h				Florida Statutes Yes No			
9. Name and Address of Current Re			stered Agent				10. Name and Address of New Registered Agent			
					81	Name				
	, BILL G.				82 Street Address (P.O. Box Number is Not Acceptable)					
	95TH AVE				20					
UNIT 10					83					
PEMBROKE PINES FL 33025					84	City		35 Zip Code		
11. Pursuant	to the provisions of Sections 617.050	02 and 617.150	08, Florida Statute	s, the abo	over	named corp	oration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changi	ng its registered office	
familiar w	ith and accept the obligations of, So	thon 617.0503	Florida Statutes	ou by the	corp	oralion's bo	pard of directors. Thereby accept the appoint	nunent as reg	istered agent. I am	
SIGNATURE	Styribure, type or printed name of registered as	int and little if applica	7 BI			DIVE	4 Director J	Bn 2º	1 1996	
12.	OFFICERS A	ND DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS IN 12	
TITLE	PD		DELETE	1.1 T	ITLE				hange	
NAME	STEIN, SANDRA J.			1.2 N	AME					
STREET ADORESS	151 SW 95TH TERRACE #1	102		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		Florier			I - ZIP			Barrer Dadition	
TIFLE	VD CONTRA DILL C		DELETE	2.1 T				Li	hange 🔲 Addition	
NAME SZOSSZ LIDDOSSS	SPIVEY, BILL G. 211 SW 95TH TERRACE #1	ine		22 N		1DDDCCC				
STREET ADDRESS	PEMBROKE PINES FL	100				ADDRESS				
CITY-ST-ZIP TITLE	SD SD		DELETE	3.1 T		ST-ZIP	8 D	54 C	hange	
NAME	RAFORD, GLORIA			3 2 N		(DEMOREST, LORI	_	• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS	151 SW 95TH TERRACE #1	104				ADDRESS	210 S.W. 95 TERP			
CITY-ST-ZIP	PEMBROKE PINES FL					ST-ZIP	pembroke pines	, FL 3	3025	
TIFLE	TD		DELETE	4.1 T					Change Addition	
NAME	SANCHEZ, FRANK E.			4.21	NAME					
STREET ADDRESS	1 12: 0:: 00::::			4.3 S	TREET	ADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL		E logi and			3T - ZIP				
TITLE	D D		Moerele	51 T					Change	
NAME	LEFTWICH, RUBY			52 N			rapord, gloria 151 5W 95 Terr	مما		
STREET ADDRESS	151 SW 95TH TERRACE					ADDRESS I	DELAMONUE DING	104	2 2 005	
CITY-ST-ZIP TITLE	PEMBROKE PINES FL		DELETE	54 C	_	I-ZIP	PEMBROLLE PINE		Change Addition	
NAME			PARTELE		IAME			ب ب	outride T Madition	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ADURESS ST-ZIP			i	
	 by certify that the information supplied 	d with this filing	is voluntarily furni				y for the exemption stated in Section 119.0	7(3)(k), Florida	Statutes. I further	

14. To hereby defuly into 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 cath, 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 an an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNAM OFFICER IN DIRECTOR.