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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:38

DOCUMENT # N27704 (8)

1. Corporation Name

THE GLADES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%STEPHEN C. CHUMBRIS 14560 EL PASEO DRIVE SEMINOLE FL 34646	%STEPHEN C. CHUMBRIS 14560 EL PASEO DRIVE SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1988
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2949722 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BISCOGLIA, RAYMOND J~~
~~14504 EL PASEO DR~~
~~SEMINOLE FL 34646~~

10. Name and Address of New Registered Agent

81 Name: PHILIP BENYOLA Sr.
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 14567 El PASEO DR.
84 City: SEMINOLE FL 85 Zip Code: 34646

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

✓SIGNATURE _____ 3-4-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BISCOGLIA, RAYMOND J~~	1.2 NAME	PETERSEN C. THOMAS	
STREET ADDRESS	~~14504 ALEJO CT~~	1.3 STREET ADDRESS	14500 ALEJO Ct.	
CITY-ST-ZIP	~~SEMINOLE FL~~	1.4 CITY-ST-ZIP	SEMINOLE, Fl. 34646	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MASLANKA, BRIAN	2.2 NAME		
STREET ADDRESS	14522 ALEJO COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~PETERSEN, C. THOMAS~~	3.2 NAME	BENYOLA PHILIP Sr.	
STREET ADDRESS	~~14500 ALEJO CT~~	3.3 STREET ADDRESS	14567 El PASEO DR.	
CITY-ST-ZIP	~~SEMINOLE FL~~	3.4 CITY-ST-ZIP	SEMINOLE, Fl. 34646	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MOCK, GEORGE R	4.2 NAME		
STREET ADDRESS	14508 ALEJO CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2-24-95 813 538 0045
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
C T PETERSEN

0087023