

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

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90047 022 ****61.25

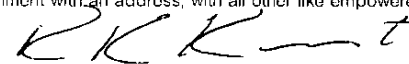
DOCUMENT # N27704			
1. Entity Name THE GLADES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business THE GLADES 14560 EL PASEO DRIVE SEMINOLE FL 33776		Mailing Address THE GLADES 14560 EL PASEO DRIVE SEMINOLE FL 33776	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip 33776 Country		City & State Zip 33776 Country	
4. FEI Number 59-2949722		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOTH, ROBERT 14514 ALEJO CT SEMINOLE FL 33776		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14514 ALEJO CT 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's signature required when registering)			

1st MOORE CR2E037 (10/06)



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		
NAME	PD HOLDEN, LISA	☒ Delete	NAME	PO BOLLINGER, MORELAND	☐ Change ☒ Addition
STREET ADDRESS	14528 ALEJO CT		STREET ADDRESS	14569 EL PASEO DR	
CITY-STATE-ZIP	SEMINOLE FL 33776		CITY-STATE-ZIP	SEMINOLE FL 33776	
NAME	VD LAVELY, DINUA	☒ Delete	NAME	D BRILLOON, ROBERT	☐ Change ☒ Addition
STREET ADDRESS	14500 ALEJO CT		STREET ADDRESS	14502 ALEJO CT	
CITY-STATE-ZIP	SEMINOLE FL 33776		CITY-STATE-ZIP	SEMINOLE, FL 33776	
NAME	SD NOOKSLOT, SHARON	☐ Delete	NAME	VD HOCHSTADT, SHARON	☒ Change ☐ Addition
STREET ADDRESS	14588 EL PASEO DR		STREET ADDRESS		
CITY-STATE-ZIP	SEMINOLE FL 33776		CITY-STATE-ZIP		
NAME	D BOLLINGER, DARLENE	☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS	14569 EL PASEO DR		STREET ADDRESS		
CITY-STATE-ZIP	SEMINOLE FL 33776		CITY-STATE-ZIP		
NAME	TD KNOTH, ROBERT	☐ Delete	NAME	T	☒ Change ☐ Addition
STREET ADDRESS	14514 ALEJO CT		STREET ADDRESS		
CITY-STATE-ZIP	SEMINOLE FL 33776		CITY-STATE-ZIP		
NAME		☐ Delete	NAME	SD SHEEHAN, JEANNE	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS	14567 EL PASEO DR.	
CITY-STATE-ZIP			CITY-STATE-ZIP	SEMINOLE, FL 33776	

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:  **1-21-07 727 596-4147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #