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	Mailing Address
THE GLADES 14560 EL PASEO DRIVE SEMINOLE FL 3~~4646~~	THE GLADES 14560 EL PASEO DRIVE SEMINOLE FL 3~~4646~~

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33776 Country	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	7. Name and Address of New Registered Agent
KNOTH, ROBERT 14514 ~~NE 30TH CT~~ SEMINOLE FL 33776	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 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	TITLE	PD	☐ Change ☑ Addition
NAME	HOLDEN, LISA		NAME	BOLLINGER, MORELAND	
STREET ADDRESS	14528 ALEJO CT		STREET ADDRESS	14569 EL PASEO DR	
CITY ST ZIP	SEMINOLE FL 33776		CITY ST ZIP	SEMINOLE FL 33776	
TITLE	VD	☒ Delete	TITLE	D	☐ Change ☑ Addition
NAME	LAVELY, DINUA		NAME	BRACON, ROBERT	
STREET ADDRESS	14500 ALEJO CT		STREET ADDRESS	14502 ALEJO CT	
CITY ST ZIP	SEMINOLE FL 33776		CITY ST ZIP	SEMINOLE, FL 33776	
TITLE	~~SD~~	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	~~NOCKSTLOT, ELARON~~		NAME	HOCHSTADT, SHARON	
STREET ADDRESS	14588 EL PASEO DR		STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL 33776		CITY ST ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOLLINGER, DARLENE		NAME		
STREET ADDRESS	14569 EL PASEO DR		STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL 33776		CITY ST ZIP		
TITLE	TD	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	KNOTH, ROBERT		NAME		
STREET ADDRESS	14514 ALEJO CT		STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL 33776		CITY ST ZIP		
TITLE		☐ Delete	TITLE	SD	☐ Change ☑ Addition
NAME			NAME	SHEEHAN, JEANNE	
STREET ADDRESS			STREET ADDRESS	14567 EL PASEO DR.	
CITY ST ZIP			CITY ST 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: R K K t 1-21-07 727 596-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #