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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N35374** **(0)**

1. Corporation Name

GLEN OAKS HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
1127 MAIN STREET (S.R. #580) DUNEDIN FL 34698	1127 MAIN STREET (S.R. #580) DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1989**

3a. Date of Last Report: **04/13/1994**

4. FEI Number: **59-2993569** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 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

CARD, ALVIN F JR
11134 WINDPOINT DR
TAMPA FL 33635

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	TD	☒ Change ☐ Addition
NAME	CARWILE, EUGENE ROY	12 NAME	CARD, ALVIN F. JR.	
STREET ADDRESS	8623 HUNTFIELD ST.	13 STREET ADDRESS	11134 WINDPOINT DR.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	CARD, ALVIN F. JR.	22 NAME	CARWILE, EUGENE ROY	
STREET ADDRESS	11134 WINDPOINT DR.	23 STREET ADDRESS	8623 HUNTFIELD ST.	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	PENA, CATHY S	32 NAME	TAYLOR, LESLIE A.	
STREET ADDRESS	8774 HUNTFIELD STR	33 STREET ADDRESS	8750 HUNTFIELD ST.	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FL	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	ALESE, JAMES E.	42 NAME	JANICKI, FAITH H.	
STREET ADDRESS	11115 WINDPOINT DR.	43 STREET ADDRESS	8772 HUNTFIELD ST.	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	JANICKI, FAITH H	52 NAME	REDHEAD, LORI	
STREET ADDRESS	8772 HUNTFIELD STR	53 STREET ADDRESS	11109 WINDPOINT DR.	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Eugene Roy Carwile 4/10/95

SIGNATURE AND TITLE OR PRINTED NAME OF A FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

EUGENE ROY CARWILE

0020642