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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35374** (0)

1. Corporation Name

GLEN OAKS HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.



Principal Place of Business 1127 MAIN STREET (S.R. #580) DUNEDIN FL 34698	Mailing Address 1127 MAIN STREET (S.R. #580) DUNEDIN FL 34698-5330
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3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 CARLSON PROPERTY MGMT. dba DELIS PROP. MGMT. 1127 Main Street Dunedin fl 34698 Pinellas	2a. Mailing Address 26 CARLSON PROPERTY MGMT. dba DELIS PROP. MGMT. 1127 Main Street Dunedin FL 34698 Pinellas
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4. FEI Number 59-2993569	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARD, ALVIN F JR
11134 WINDPOINT DR
TAMPA FL 33635**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(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	☐ Change ☐ Addition
NAME	CARD, ALVIN F JR.	1.2 NAME	
STREET ADDRESS	11134 WINDPOINT DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARWILE, EUGENE R	2.2 NAME	
STREET ADDRESS	8623 HUNTFIELD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, LESLIE A	3.2 NAME	
STREET ADDRESS	8750 HUNTFIELD STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	JANICKI, JAMES J.	4.2 NAME	
STREET ADDRESS	8772 HUNTFIELD ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, PAUL E.	5.2 NAME	
STREET ADDRESS	8649 HUNTFIELD ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

854-2815

Date Daytime Phone # 0069469

CR2E037 (9/96)