2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90316 008 ****61.25

DOCUMENT # N35374

1. Entity Name

GLEN OAKS HOMEOWNERS ASSOCIATION OF HILLSBOROUGH

Principal Place of Business	Mailing Address
THE PROPERTY GRP OF CENTRAL FLORIDA 2595 TAMPA RD- STE H PALM HARBOR FL 34684 US	THE PROPERTY GRP OF CENTRAL FLORIDA 2595 TAMPA RD- STE H PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2993569 ☐ 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
CARD, ALVIN F JR 11134 WINDPOINT DR TAMPA FL 33635	Name: THE PROPERTY GROUP OF CENTRAL FLORIDA, INC. Street Address (P.O. Box Number is Not Acceptable): 2595 TAMPA RD., SUITE H City: PALM HARBOR FL Zip Code: 34684

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.

SIGNATURE: Rudkin MICHELLE RUDKIN, PROPERTY MANAGER Apr 16, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARD, ALVIN F JR. 11134 WINDPOINT DRIVE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEAN DINELLA 8616 HUNTFIELD ST. TAMPA FL 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WARDROP, SHANNON 8633 HUNTFIELD ST TAMPA FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETRINA WHALLEN 8625 HUNTFIELD ST. TAMPA FL 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, LESLIE A 8750 HUNTFIELD STREET TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOODY, MIKE 11107 BLOOMINGTON DR TAMPA FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I 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 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: SIGNATURE REQUIRED Pres 4/21/01 854 2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #