

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35374

FILED
Feb 06, 2008
Secretary of State

Entity Name: GLEN OAKS HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

11902 RACE TRACK ROAD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

11902 RACE TRACK ROAD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-2993569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PROPERTY GROUP OF CENTRAL FLORIDA, INC
11902 RACE TRACK ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROY, CHRISTOPHER
Address: 8601 HUNTFIELD ST
City-St-Zip: TAMPA, FL 33635

Title: DST () Delete
Name: DINELLA, JEAN
Address: 8616 HUNTFIELD ST
City-St-Zip: TAMPA, FL 33635

Title: DVP () Delete
Name: KANTOR, JOHN
Address: 8621 HUNTFIELD ST
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: SIMON, TERESA
Address: 8706 HUNTFIELD ST
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: DINELLA-MCCORMICK, JEAN
Address: 8616 HUNTFIELD ST
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER ROY

DP

02/06/2008

Electronic Signature of Signing Officer or Director

Date