## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N35374

1. Entity Name

SIGNATURE:

## GLEN OAKS HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.



**FILED** Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90114 048 \*\*\*\*61.25

Principal Place	of Business	Mailing Address	Mailing Address								
THE PROPERTY 2595 TAMPA RI PALM HARBOR US		THE PROPERTY GRP OF C 2595 TAMPA RD- STE H PALM HARBOR FL 34684 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State	9	City & State			4. FEI N	4. FEI Number 59-2993569 Applied For Not Applicable					
Zìp	Country	Zip	Cour	ntry	5. Certi	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6 Name and Address of Current	Pegistered Agent	stered Agent			7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent				Name							
CLEMENT LEIGH				Charles (DO Dankhart a la Maria Aran Maria							
SLEMENT, LEIGH PROPERTY GROUP OF CENTRAL FLORIDA, INC.				Street Address (P.O. Box Number is Not Acceptable)							
	PA ROAD, SUITE H		<del></del>	***************************************							
	RBOR FL 34684										
PALM DA	NDUN FL 34004					City FL Zip Code					
B. The above	and active a lamite this statement to	r the purpose of changing its	rogistoro	d office or	registered agent	or both, in the	e State of Florida I a	m familiar with	and accept		
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.  03/26/03											
SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed or printed name or registered agent	ана ше в аррпсаріє. (NO	ic. negistered	Agent algricit	in required when remarks	97					
						.		. D1.1-			
FILE NOW: FEE IS \$61.25  9. Election Campaign Trust Fund Contrib					00. <b>€</b> \$			ck Payable			
400		Contribution	on.	☐ Added to	Fees	Florida Dep	artment of s	state			
OCCUPED AND DIDENTARY					ADDITION	CICHANCE	TO OFFICERS AND	DIDECTORS IN	10		
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD Delete							Change	☐ Addition		
NAME	CARD, ALVIN F JR.			T 40000000							
i				T ADDRESS ST-ZIP					{		
CITY-ST-ZIP	TAMPA FL							Channa Channa	Addition		
TITLE	Delete		TITLE					Change	☐ Addition		
NAME	TAYLOR, LESUE A		NAME	T ADDRESS					1		
STREET ADDRESS  CITY-ST-ZIP	8750 HUNTFIELD STREET TAMPA FL 33635			ST-ZIP	=_				1		
								☐ Change	Addition		
TITLE	SD Delete		TITLE					L_I Grange	- Addition		
NAME STREET ADDRESS	Dinella, Jean 8616 Huntfirld Street			T ADDRESS							
CITY-ST-ZIP	TAMPA FL 33635			ST-ZIP							
TITLE	TD	☐ Delete	TITLE					Change	☐ Addition		
NAME	WHALLEN, PETRINA	□ Délete	NAME								
	8625 HUNTFIELD STREET		4	T ADDRESS							
CITY-ST-ZIP	TAMPA FL 33635		CITY-	ST-ZIP							
TITLE	VD	☐ Delete	TITLE		VD			<b>X</b> Change	☐ Addition		
NAME	BREDCIA, ADAM		NAME		BRESCH	AD AD	AM		_		
STREET ADDRESS	11112 WINDPOINT DRIVE		STREE	T ADDRESS	11112 WIN	DPOINT	AM EDRIVE 13635				
CITY-ST-ZIP	TAMPA FL 33-6355			ST-ZIP	TAMPA	FL 3	3635				
TITLE		☐ Delete	TITLE					Change	Addition		
NAME			NAME	:	•						
STREET ADDRESS			STREE	T ADDRESS							
CITY-ST-ZIP			CITY	ST-ZIP					ļ		
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that	my signat	ure shali h	ave the same lega	l effect as it r	nade under oath: thai	i Lam an officer	or director 1		
of the cor changed,	poration or the receiver or trustee empror or on an attachment with an address,	owered to execute this repor with all other like)empowered	t as requir I.	ed by Cha	pter 617, Florida S	Statutes; and	that my name appear	s in Block 10 or	· Block 11 if		