

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90114 048 ****61.25

DOCUMENT # N35374

1. Entity Name

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



Principal Place of Business

**THE PROPERTY GRP OF CENTRAL FLORIDA
2595 TAMPA RD- STE H
PALM HARBOR FL 34684
US**

Mailing Address

**THE PROPERTY GRP OF CENTRAL FLORIDA
2595 TAMPA RD- STE H
PALM HARBOR FL 34684
US**

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

**SLEMENT, LEIGH
PROPERTY GROUP OF CENTRAL FLORIDA, INC.
2395 TAMPA ROAD, SUITE H
PALM HARBOR FL 34684**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LSlement

03/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 TAYLOR, LESLIE A 8750 HUNTFIELD STREET TAMPA FL 33635	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINELLA, JEAN 8616 HUNTFIELD STREET TAMPA FL 33635	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALLEN, PETRINA 8625 HUNTFIELD STREET TAMPA FL 33635	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREDCIA, ADAM 11112 WINDPOINT DRIVE TAMPA FL 33-6355	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRESCIA, ADAM 11112 WINDPOINT DRIVE TAMPA FL 33635	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

4/5/03

854 2815

CR2037 (10/02)