

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37173 (4)

1. Corporation Name

GLENLAKES HOMEOWNERS ASSOCIATION - ESTATE SECTIO
N, INC.

Principal Place of Business

9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613

Mailing Address

9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613-42003. Date Incorporated or Qualified
03/21/19903a. Date of Last Report
02/27/1996

4. FEI Number

59-3229648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUCHANAN, GALE W
9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name

Dick Spittle

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

9000 GlenLakes Blvd.

83

Weeki Wachee, FL 34613

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 Dick Spittle *Dick Spittle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, PHILIP J	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	UHL, JOHN A	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIEFER, KATHLEEN	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRACY, DEBORAH	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, NORMAN	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	Dick Spittle	
1.4 CITY-ST-ZIP	(same address)	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Wall	
2.3 STREET ADDRESS	(same address)	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eddie Gilbreath	
3.3 STREET ADDRESS	(same address)	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Matula	
4.3 STREET ADDRESS	(same address)	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Edwin H. Jacobs	
5.3 STREET ADDRESS	(same address)	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

EDDIE GILBREATH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

352-5973606

Date

Daytime Phone # 006650

CR2E037 (9/96)