

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **N37173** (4)

1. Corporation Name

GLENLAKES HOMEOWNERS ASSOCIATION - ESTATE SECTION N, INC.

Principal Place of Business

Mailing Address

**9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613**

**9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/21/1990

4. FEI Number

59-3229648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Charles O'Brien**

82 Street Address (P.O. Box Number is Not Acceptable) **9000 Glen Lakes Blvd.**

83 **Brooksville, Fl. 34613**

84 City

FL

85 Zip Code

34613

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SPITTLE, DICK**
STREET ADDRESS **9000 GLEN LAKES BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **VD** ☒ DELETE

NAME **WALL, JOHN**
STREET ADDRESS **9000 GLEN LAKES BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **SD** ☒ DELETE

NAME **GILBREATH, EDDIE**
STREET ADDRESS **9000 GLEN LAKES BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE

NAME **MATULA, RICHARD**
STREET ADDRESS **9000 GLEN LAKES BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ DELETE

NAME **JACOBS, EDWIN H**
STREET ADDRESS **9000 GLEN LAKES BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Charles O'Brien**
1.3 STREET ADDRESS **9000 Glen Lakes Blvd.**
1.4 CITY-ST-ZIP **Brooksville, Fl. 34613**

2.1 TITLE **TD** ☒ Change ☐ Addition

2.2 NAME **Robert Wisdom**
2.3 STREET ADDRESS **9000 Glen Lakes Blvd.**
2.4 CITY-ST-ZIP **Brooksville, Fl. 34613**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **Thomas Troisi**
3.3 STREET ADDRESS **9000 Glen Lakes Blvd.**
3.4 CITY-ST-ZIP **Brooksville, Fl. 34613**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **Dick Spittle**
5.3 STREET ADDRESS **9000 Glen Lakes Blvd.**
5.4 CITY-ST-ZIP **Brooksville, Fl. 34613**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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; that 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 in appropriate block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.8.98. 352-946-8659.

Date

Daytime Phone # 352-946-8659

CR2E037 (10/97)