

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90009 013 ****61.25

DOCUMENT # N37173

1. Corporation Name

GLENLAKES HOMEOWNERS ASSOCIATION - ESTATE SECTION, INC.

Principal Place of Business

9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613

Mailing Address

9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613



2. Principal Place of Business

21 9780 Southern Belle Dr

2a. Mailing Address

26 9780 Southern Belle Dr

3. Date Incorporated or Qualified

03/21/1990

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

59-3229648

Applied For

Not Applicable

23 City & State

Brooksville, FL

28 City & State

Brooksville, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

34613 Hernando

29 Zip Country

34613 Hernando

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'BRIEN, CHARLES
9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name O'Brien, Charles

82 Street Address (P.O. Box Number is Not Acceptable)
9780 Southern Belle Dr.

83

84 City Brooksville

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 Charles O'Brien (PD)

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

(NOTE: Registered Agent signature required when reinstating)

7/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME O'BRIEN, CHARLES
STREET ADDRESS 9000 GLEN LAKES BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE TD ☐ DELETE

NAME WISDOM, ROBERT
STREET ADDRESS 9000 GLEN LAKES BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE SD ☒ DELETE

NAME TROISI, THOMAS
STREET ADDRESS 9000 GLEN LAKES BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

NAME SPITTLE, DICK
STREET ADDRESS 9000 GLEN LAKES BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

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 O'Brien, Charles
1.3 STREET ADDRESS 9780 Southern Belle Dr.
1.4 CITY-ST-ZIP Brooksville, FL 34613

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME Wisdom, Robert
2.3 STREET ADDRESS 9780 Southern Belle Dr.
2.4 CITY-ST-ZIP Brooksville, FL 34613

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME Gilbreath, Eddie W.
3.3 STREET ADDRESS 9780 Southern Belle Dr.
3.4 CITY-ST-ZIP Brooksville, FL 34613

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Sawyer, Robert
4.3 STREET ADDRESS 9780 Southern Belle Dr.
4.4 CITY-ST-ZIP Brooksville, FL 34613

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Spittle, Dick
5.3 STREET ADDRESS 9780 Southern Belle Dr.
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 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, with all other like empowered.

SIGNATURE: Eddie W. Gilbreath (SD) 7/6/99 352-597-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)