NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37174

GLENLAKES HOMEOWNERS ASSOCIATION, INC.

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90148 031 ****61.25

GLOVER, RALPH 9000 GLEN LAKES BLVD 101 E. KENNEDY BLVD., SUITE 2 BROOKSVILLE FL 34613 11. Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of	s 617.0502 and 617.1508, Flori	ess , etc. Column 30	ed by i	City	3. Date Incorporated or Qual 03/21/1990 4. FEI Number 59-3014134 5. Certifcate of Status Desire 6. Election Campaign Financ Trust Fund Contribution 10. Name and Address of Ness (P.O. Box Number is Not Acc	ew Registered	\$8.75 And Fee Rec \$5.00 Madded to Agent	olied For Applicable dditional quired May Be
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 9. Name and Address GLOVER, RALPH 9000 GLEN LAKES BLVD 101 E. KENNEDY BLVD., SUITE 2 BROOKSVILLE FL 34613 11. Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of 12.	2a. Mailing Addr 26 Suite, Apt. # 27 City & State 28 Zip 29 of Current Registered Agent 000	ess , etc. C: 30	81 82 83 84 above	Street Addre	3. Date Incorporated or Qual 03/21/1990 4. FEI Number 59-3014134 5. Certificate of Status Desire 6. Election Campaign Financ Trust Fund Contribution 10. Name and Address of N	ew Registered	\$8.75 And Fee Rec \$5.00 Madded to Agent	olied For Applicable dditional quired May Be
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SIGNATURE Signature, typed or printed name of the signature. OFF			atutes.	uie corporatio	on a podita of directors. Thoroby o	ocopi ino appon	nanon do log	
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	egistered agent and title if applicable.			t signature required	d when reinstating) ADDITIONS/CHANGES TO	DATE	ID DIRECTO	25 IN 12
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NAME CRAIGHEAD, DAVID			NAME	93	277 Bethamy La	<i>?</i> ∩ ھ		
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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 change to open attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #