FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
95 MAR 10 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41324 (7)

1. Corporation Name
THE HOMEOWNERS ASSOCIATION OF THE GLENS OF ROYAL OAKS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 969 P O BOX 969 INVERNESS FL 34451 US	P.O. BOX 969 P O BOX 969 INVERNESS FL 34451 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1990
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-3042067 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ — **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERRITS, EDWARD J II
3288 E THOMAS ST
28050 US HWY 19 N #501
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9478 W. Marquette Lane
83
84 City: Crystal River **FL** 85 Zip Code: 34428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GERRITS, ROBERT S	1.2 NAME	Gerrits, Joan M.	
STREET ADDRESS	3288 E THOMAS ST	1.3 STREET ADDRESS	9478 W. Marquette Lane	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Crystal River, FL. 34428	
TITLE	VD	2.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	HAYNES, SHIRLEY A	2.2 NAME		
STREET ADDRESS	3288 E THOMAS ST	2.3 STREET ADDRESS	9478 W. Marquette Lane	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	Crystal River, FL. 34428	
TITLE	STD	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GERRITS, EDWARD J II	3.2 NAME		
STREET ADDRESS	3288 E THOMAS ST	3.3 STREET ADDRESS	9478 W. Marquette Lane	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	Crystal River, FL. 34428	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley A. Haynes — Shirley A. Haynes — 3/6/95 — 904-726-0317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000401Y