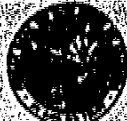


FILE NOW. FILING FEE AFTER MAY 1 IS \$105.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Governor B. McArthur Secretary of State DIVISION OF CORPORATIONS
		APPROVED 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 P.O. BOX 969 P O BOX 969 INVERNESS FL 34451 US	Mailing Address P.O. BOX 969 P O BOX 969 INVERNESS FL 34451 US
--	--

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

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
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	☐ \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution ☐	☐ \$68.75 Supplemental Fee Not Required
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	☐ Yes ☐ No
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 110.07(3)(d), 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 #