FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1997

THE HOMEOWNERS ASSOCIATION OF THE GLENS OF ROYAL

5					
Principal Place	of Business	Mailing Address			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
P.O. BOX 969		P.O. BOX 969			
P O BOX 969		P O BOX 969		İ	
inverness fl us	34451	INVERNESS FL 34451-090 US	59	3. Date Incorporated or Qualified 12/18/1990	3a. Date of Last Report 04/29/1996
9 Principal Di	ace of Business	Los Mailios Address			<u> </u>
	. Marquette Lane	2a. Mailing Address	rquette Lane	4. FEI Number 59-3042067	Applied For
Suite, Apt. 4		26 94/8 W . Ma	riquecce name	38 3042001	Not Applicable
22	·, 610.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		O Flores Committee Flores	
	River, F1	⊢ , ′	£1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Crystal Riv	Country		
3442		34428	30 Citrus	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032,
	9. Name and Address of Current	<u> </u>	1901	10. Name and Address of New Reg	
			81 Name		
AEDDITO	ENWARD III				
GERRITS, EDWARD J II 9478 W. MARQUETTE LANE				dress (P.O. Box Number is Not Acceptabl	e)
CRYSTAL RIVER FL 34428					
Unioin	L NIVEN FL 34420				
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 617 0502	and 617 1508. Florida Statu	tes the above-named co	rogration submits this statement for the pu	
office or re	gistered agent, or both, in the State of	Florida. Such change was	authorized by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment as registered
agent. Fan	n familiar with, and accept the obligat	ons of, Section 617.0503, FI	lorida Statutes.		
SIGNATURE _	Signature, lyped or printed name of registered agent	and the it repleates (MO)	TE Registered Agont signature req		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TUTLE	ABBITIONO, OTTAINALE TO OTTAIN	Change Addition
NAME	GERRITS, JOAN M		1.2 NAME		
STREET ADDRESS	9478 W. MARQUETTE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL				
TITLE	STD	DELETE	1.4 City-St-ZiP 2.1 Title		Change Addition
NAME	HAYNES, SHIRLEY A		2.2 NAME		E Plastion
STREET ADDRESS	9478 W. MARQUETTE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL				
TITLE	PD	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	GERRITS, EDWARD J II		3.2 NAME		
STREET ADDRESS	9478 W. MARQUETTE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4. CITY-ST-ZIP		
TITLE	with A transport to the state of the state o	DELETE	4.1 TITLE		Change Addition
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	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 does not quali	fy for the exemption state	ed in Section 119.07(3)(i), Florida Statutes.	I further certify that the
information I am an offi	i indicated on this annual report or suc	oplemental annual report is t ne receiver or trustee empow on an attachment with an add	true and accurate and that vered to execute this repo dress.	at my signature shall have the same legal ort as required by Chapter 617, Florida Sta	effect as if made under oath; that atules; and that my name