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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41324** (7)

1. Corporation Name

**THE HOMEOWNERS ASSOCIATION OF THE GLENS OF ROYAL
OAKS, INC.**

Principal Place of Business

Mailing Address

**9478 W. MARQUETTE LANE
P O BOX 969
CRYSTAL RIVER FL 34428
US**

**9478 W. MARQUETTE LANE
P O BOX 969
CRYSTAL RIVER FL 34428
US**

3. Date Incorporated or Qualified

12/18/1990

4. FEI Number

59-3042067

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2424 N. Essex Ave.

26 2424 N. Essex Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HERNANDO FL

City & State

28 HERNANDO FL

Zip

24 34452

Country

25 CITRUS

Zip

29 34452

Country

30 CITRUS

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERRITS, EDWARD J II
9478 W. MARQUETTE LANE
CRYSTAL RIVER FL 34428**

81 Name

ALVAH L. COX, JR., CPA, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2424 N. Essex Ave.

83

84 City

HERNANDO

FL

85 Zip Code

34442

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 **Alvah L. Cox, Jr., CPA**

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

(NOTE: Registered Agent signature required when reinstating)

3/26/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

**D
NAME
GERRITS, JOAN M
STREET ADDRESS
9478 W. MARQUETTE LANE
CITY-ST-ZIP
CRYSTAL RIVER FL**

1.1 TITLE ☐ Change ☒ Addition

**PD
1.2 NAME
ROBERT GRADDOCK
1.3 STREET ADDRESS
3517 S. BELGRAVE DR.
1.4 CITY-ST-ZIP
INVERNESS, FL 34452**

TITLE ☒ DELETE

**STD
NAME
HAYNES, SHIRLEY A
STREET ADDRESS
9478 W. MARQUETTE LANE
CITY-ST-ZIP
CRYSTAL RIVER FL**

2.1 TITLE ☐ Change ☒ Addition

**STD
2.2 NAME
MARILYN STARRETT
2.3 STREET ADDRESS
3571 S. BELGRAVE DR.
2.4 CITY-ST-ZIP
INVERNESS, FL 34452**

TITLE ☒ DELETE

**PD
NAME
GERRITS, EDWARD J II
STREET ADDRESS
9478 W. MARQUETTE LANE
CITY-ST-ZIP
CRYSTAL RIVER FL**

3.1 TITLE ☐ Change ☒ Addition

**VP
3.2 NAME
ALFRED DAMM
3.3 STREET ADDRESS
3593 S. BELGRAVE DR.
3.4 CITY-ST-ZIP
INVERNESS, FL 34452**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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.

SIGNATURE: **X Robert Graddock** PRESIDENT **3/17/98** X **352-746-1400**

CR2E037 (10/97)