

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41324

1. Entity Name

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

Principal Place of Business

2424 N ESSEX AVE
HERNANDO FL 34452
US

Mailing Address

2424 N ESSEX AVE
HERNANDO FL 34452
US

2. Principal Place of Business

2450 N. CITRUS HILLS BLVD

3. Mailing Address

2450 N. CITRUS HILLS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HERNANDO FL

City & State
HERNANDO FL

4. FEI Number 59-3042067

Applied For
Not Applicable

Zip 34442 Country CITRUS

Zip 34442 Country CITRUS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, ALVAH L JR
2424 N ESSEX AVE
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2450 N. CITRUS HILLS BLVD.
City HERNANDO FL Zip Code 34442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRADDOCK, ROBERT 3517 S BELGRAVE DR INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRADDOCK, BARBARA 3571 S BELGRAVE DR INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAMM, KAREN 3593 S BELGRAVE DR INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAYNE GARRETT 3569 S. BELGRAVE DR. INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED ROBERT CRADDOCK ✓ 2/17/02 352-746-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90232 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)