## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # N41324  1. Entity Name THE HOMEOWNERS ASSOCIATION OF THE GLENS OF ROYAL OAKS, INC.					93-15-2004	4 90085 015	5 ****6	51.25
Principal Place 2450 N CITR HERNANDO,	US HILLS BLVD	Mailing Address 2450 N CITRUS HILLS HERNANDO, FL 3444		·	نه در	402938	4-1-	
2. Principal P	lace of Business	3. Mailing Address	ng Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262004 Ch	ig-NP	CR2E037 (	10/03)	•
City & State		City & State	City & State		7			oplied For
Zip,	- Country,	Zip	Country	5. Certificate of Sta	atus Desired		75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Addi	ess of New F	Registered Age	nt	
TOMONIA	MOUATIL		Name					
TRINGALI, MICHAEL J JOSEPH & COMPANY CPA'S, INC. 2450 N CITRUS HILLS BLVD.			Street Address		lot Acceptabl	ө)		
HERNANL	OO, FL 34442		City		<u> </u>	FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or re	egistered agent, or both, in	the State of Fl	orida. I am fami	iliar with.	and accept
SIGNATURE .	··			· .	<del></del>		<u>_</u> _	<u></u>
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature r	required when reinstating)	·:	DATE	<u>_</u>	<del></del>
SIGNATURE.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Ca	rE: Registered Agent signature of mpaign Financing Contribution.	\$5.00 May Be		DATE		
	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be	, Flo	lake check pa rida Departme	ent of St	tate
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ Nes. KOBERTOKADDOCK 3-12-04