

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50302 (1)

1. Corporation Name

GLENLAKES, ESTATES SECTION, PHASE I, UNIT VII, I
NC.

Principal Place of Business

Mailing Address

9000 GLEN LAKES BLVD.
BROOKSVILLE FL 34613

9000 GLEN LAKES BLVD.
BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1992

3a. Date of Last Report

03/16/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHANAN, GALE W
9000 GLEN LAKES BLVD.
BROOKSVILLE FL 34613

81 Name

RALPH S. GLOVER

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

9000 GLEN LAKES BLVD.

83

84 City

BROOKSVILLE

FL

85 Zip Code

34613

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 607.0503, Florida Statutes.

SIGNATURE

Ralph S. Glover

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

(NOTE: Registered Agent signature required when revalidating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

SUPPLE, HARRY

STREET ADDRESS

9000 GLEN LAKES BLVD.

CITY - ST - ZIP

BROOKSVILLE FL

TITLE

TD

NAME

CRAIGHEAD, DAVID

STREET ADDRESS

9000 GLEN LAKES BLVD.

CITY - ST - ZIP

BROOKSVILLE FL

TITLE

SD

NAME

COCCHI, JAMES

STREET ADDRESS

9000 GLEN LAKES BLVD.

CITY - ST - ZIP

BROOKSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

David Craighead

DIRECTOR DAVID CRAIGHEAD

4/13/95 904-576-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Sign in Figure 2)