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**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90127 043 \*\*\*\*\*8.75  
 05-03-1999 90127 044 \*\*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000001765**

1. Corporation Name

**OAK HAMLET AT WELLINGTON'S EDGE PROPERTY OWNERS'  
 ASSOCIATION, INC.**

Principal Place of Business

10851 FOREST HILL BLVD  
 WELLINGTON FL 33414  
 US

Mailing Address

10851 FOREST HILL BLVD.  
 WELLINGTON FL 33414  
 US



2. Principal Place of Business

21 **% GLEN MANAGEMENT SVCS**

Suite, Apt. #, etc.

22 **4301 OAK CIRCLE # 23**

City & State

23 **BOCA RATON FL**

Zip

24 **33431**

Country

25 **USA**

2a. Mailing Address

26 **% GLEN MANAGEMENT SVCS**

Suite, Apt. #, etc.

27 **4301 OAK CIRCLE # 23**

City & State

28 **BOCA RATON FL**

Zip

29 **33431**

Country

30 **USA**

3. Date Incorporated or Qualified

**04/13/1995**

4. FEI Number

**65-0564124**

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

9. Name and Address of Current Registered Agent

**CRANE, ROBERT L  
 515 N FLAGLER DR, 1800  
 W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

**GLEN MANAGEMENT SERVICES**

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

**4301 OAK CIRCLE**

83

**SUITE 23**

84 City

**BOCA RATON**

**FL**

85 Zip Code

**33431**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**ANDREW GLEN**

**2/11/99.**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
 NAME **LOESCH, PATRICIA**  
 STREET ADDRESS **407 ABBEYVILLE ROAD #4**  
 CITY-ST-ZIP **PITTSBURGH PA**

TITLE **DST** ☒ DELETE  
 NAME **BOVE, TERRY F**  
 STREET ADDRESS **3901 WASHINGTON RD, 301**  
 CITY-ST-ZIP **MCMURRY PA 15317**

TITLE **DV** ☒ DELETE  
 NAME **MALONE, MICHAEL**  
 STREET ADDRESS **490 BARNICKLE STREET**  
 CITY-ST-ZIP **MEADOWLANDS PA**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
 1.2 NAME **ROBERT TRAUTMAN**  
 1.3 STREET ADDRESS **4301 OAK CIRCLE #23**  
 1.4 CITY-ST-ZIP **BOCA RATON, FL, 33431**

2.1 TITLE **B.D.T.** ☒ Change ☐ Addition  
 2.2 NAME **WALTER KAPUSTEIN**  
 2.3 STREET ADDRESS **4301 OAK CIRCLE #23**  
 2.4 CITY-ST-ZIP **BOCA RATON, FL, 33431**

3.1 TITLE **DS** ☒ Change ☐ Addition  
 3.2 NAME **RONALD PLATT**  
 3.3 STREET ADDRESS **4301 OAK CIRCLE #23**  
 3.4 CITY-ST-ZIP **BOCA RATON, FL, 33431**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-99**

Date

**954-426-9999**

Daytime Phone #

CR2E037 (11/98)