

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005926 (9)

1. Corporation Name

THE GLADES ON SYLVAN LAKE HOMEOWNERS ASSOCIATION  
, INC.



Principal Place of Business

151 SOUTHHALL LANE  
SUITE 230  
MAITLAND FL 32751

Mailing Address

151 SOUTHHALL LANE  
SUITE 230  
MAITLAND FL 32751

3. Date Incorporated or Qualified  
12/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3363707

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CENTEX REAL ESTATE CORPORATION  
151 SOUTHHALL LANE  
SUITE 230  
MAITLAND FL 32751

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LEPERA, GREGORY L  
STREET ADDRESS 151 SOUTHHALL LANE, SUITE 230  
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME KNOX, DOUGLAS  
STREET ADDRESS 151 SOUTHHALL LANE, SUITE 230  
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D Willets, Robert C  
2.3 STREET ADDRESS 151 Southhall Lane, Suite 230  
2.4 CITY-ST-ZIP Maitland, FL 32751

TITLE D ☐ DELETE  
NAME MATTHAI, KAROLINE  
STREET ADDRESS 151 SOUTHHALL LANE, SUITE 230  
CITY-ST-ZIP MAITLAND FL 32751

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D Kaiser, Doreen  
3.3 STREET ADDRESS 151 Southhall Lane, Suite 230  
3.4 CITY-ST-ZIP Maitland, FL 32751

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Doreen Kaiser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

407-661-2170

Daytime Phone #

CR2E037 (12/95)