

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

Mailing Address

**151 SOUTHWALL LANE
SUITE 230
MAITLAND FL 32751**

**151 SOUTHWALL LANE
SUITE 230
MAITLAND FL 32751-7190**



3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENTEX REAL ESTATE CORPORATION
151 SOUTHWALL LANE
SUITE 230
MAITLAND FL 32751**

81 Name

JACK B. HANSON

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

THE MICHIGAN MOUNT. GROUP

83

309 PASADENA PLACE, SUITE 100

84 City

ORLANDO

FL

85 Zip Code

32803

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 provisions 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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE ☒ DELETE
NAME **D WILLETS, ROBERT C**
STREET ADDRESS **151 SOUTHWALL LANE SUITE 230**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE
NAME **D KAISER, DAN**
STREET ADDRESS **151 SOUTHWALL LANE, SUITE 230**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **RAND, MIKE**
2.3 STREET ADDRESS **151 SOUTHWALL LANE SUITE 230**
2.4 CITY-ST-ZIP **MAITLAND, FL 32751**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **KAISER, DAN**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

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

Date

Daytime Phone # 0014184

4/29/97 401-661-2150

CR2E037 (9/96)