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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90056 049 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000005926

1. Corporation Name

**THE GLADES ON SYLVAN LAKE HOMEOWNERS ASSOCIATION
, INC.**

Principal Place of Business

~~151 SOUTHALL LANE~~
~~SUITE 230~~
~~MAITLAND FL 32751~~

Mailing Address

~~151 SOUTHALL LANE~~
~~SUITE 230~~
~~MAITLAND FL 32751~~



2. Principal Place of Business

21 **1416 Concord St. East**

2a. Mailing Address

26 **PO Box 531010**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

59-3363707

Applied For

Not Applicable

City & State

Orlando FL

City & State

Orlando FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32803

Country

US

Zip

32853-1018

Country

US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~HANSON, JACK B.~~
~~THE MELROSE MGMT. GROUP~~
~~220 PASADENA PLACE, STE. 100~~
~~ORLANDO FL 32803~~

10. Name and Address of New Registered Agent

81 N

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

The Melrose Management Group

1416 Concord St. East

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEPERA, GREGORY L	
STREET ADDRESS	151 SOUTHALL LANE, SUITE 230	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, MIKE	
STREET ADDRESS	151 SOUTHALL LANE, STE. 230	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAISER, DAN	
STREET ADDRESS	151 SOUTHALL LANE, SUITE 230	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lepera, Gregory L.	
13 STREET ADDRESS	385 Douglas Avenue, Ste. 2000	
14 CITY-ST-ZIP	Altamonte Springs, FL 32714	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kane, Mike	
23 STREET ADDRESS	385 Douglas Avenue, Ste. 2000	
24 CITY-ST-ZIP	Altamonte Springs, FL 32714	
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Kaiser, Dan	
33 STREET ADDRESS	385 Douglas Avenue, Ste. 2000	
34 CITY-ST-ZIP	Altamonte Springs, FL 32714	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: **Dan Kaiser**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99
Date

228-4181
Daytime Phone #

CR2E037 (11/98)