

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90358 034 ****61.25

DOCUMENT # N95000005926
 1. Entity Name
 THE GLADES ON SYLVAN LAKE HOMEOWNERS ASSOCIATION

Principal Place of Business Mailing Address

2. Principal Place of Business 1350 Orange Ave. Suite, Apt. #, etc. 100 Winter Park, FL Zip 32789 Country USA
 3. Mailing Address P.O. Box 1208 Suite, Apt. #, etc. Winter Park, FL Zip 32790 Country USA

4. FEI Number 59-3363707 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ATTWOOD-PHILLIPS, INC.
 P.O. BOX 1208
 WINTER PARK FL 32790

7. Name and Address of New Registered Agent
 Name ATTWOOD-PHILLIPS, INC.
 Street Address (P.O. Box Number is Not Acceptable) 1350 Orange Ave. Ste. 100
 City Winter Park FL Zip Code 32790

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *[Signature]* DATE 4/30/01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHIL MILES 385 DOUGLAS AVE #2000 ALIAMONIE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES MOKRANSKY SAME AS ABOVE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIRSTEN STAPLETON SAME AS ABOVE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROB MANGUS, ED 6881 HIDDEN GLADES PLACE SANFORD FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN ROSENIHAL, VD 6938 SYLVAN WOODS DR SANFORD FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEN EDWARDS, S, T, D 6691 MID SUMMER LANE SANFORD FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.
 SIGNATURE: *[Signature]* DATE 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)