

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 037 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N95000005926					
1. Entity Name THE GLADES ON SYLVAN LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4932			Mailing Address C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4932 US		
2. Principal Place of Business - No P.O. Box			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
8. Name and Address of Current Registered Agent TAYLOR & CARLS PA 650 CONCOURSE PARKWAY SOUTH STE 105 MAITLAND, FL 32795-6145			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
9. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (Signature, typed or printed name of registered agent and how it applies) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACALLUSO, DAN 8675 SYLVAN WOODS DR SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZECCA-BELL, ADRIENNE 8583 SYLVAN WOODS DR SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRAGG, LORI 671 SYLVAN RESERVE CV SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of business authorized 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 like empowered.					
SIGNATURE: _____ <i>Daniel H. Macalluso</i> 7/16/08 407 SPS-0250					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR CREDENTIALS					

60035138



03312003 City-NP GR2007 (12/05)

6. FE Number 58-3363707 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required