FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000001875 (1)

Mailing Address

GLENMAR SQUARE HOMEOWNERS ASSOCIATION, INC.

4110 S FLORIDA AVE 4110 S FLORIDA AVE 3. Date Incorporated or Qualified LAKELAND FL LAKELAND FL 04/08/1996 Applied For 59-3457226 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired \Box 26 Fee Required 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 23 Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEPHENS, D K 82 Street Address (P.O. Box Number is Not Acceptable) 4110 S FLORIDA AVE, SUITE A 83 **LAKELAND FL 33813** City 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Z Addition DELETE 1.1 TITLE AD Brian N. Stenhens TITLE TODD, M A 1.2 NAME MAME CR2E037 4110 S Florida Ave 4110 S FLORIDA AVE 1.3 STREET ADDRESS STREET ADDRESS Lakeland, Fl LAKELAND FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE STEPHENS. D K 2.2 NAME NAME STREET ADDRESS 4110 S FLORIDA AVE 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HOGEBACK, JOANN 3.2 NAME 4110 S FLORIDA AVE 3.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 3.4. CITY - ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP

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

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

DELETE

1-22-85

Change

☐ Addition

FILED

Mar 26 1998 8:00am

Secretary of State