

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90206 014 \*\*\*\*61.25

<b>DOCUMENT # N99000002947</b>					
<b>1. Entity Name</b> GLEN OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3836 CALLIANDRA DR. SARASOTA, FL 34232			<b>Mailing Address</b> 3836 CALLIANDRA DR. SARASOTA, FL 34232		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 65-0940379				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DANIEL J. LOBECK, ESQ. 2033 MAIN ST. STE. 403 SARASOTA, FL 34237			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD MERVYN, ALTMAN 3641 ALLENWOOD ST. SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD JAMES H. WITTLIFF 3700 PIN OAKS ST. SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D RYDER, PAUL J 3643 PIN OAKS ST. SARASOTA, FL 34232	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD JENSON, SCOTT 3915 PIN OAKS ST. SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD ELLENDAR RENNEWLON 3818 CALLIANDRA DR. SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD GLUVNA, FRANK 3836 CALLIANDRA DR. SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD RENEE C. GLUVNA 3836 CALLIANDRA DR. SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD MILHOLLAND, NANCY 3865 PIN OAKS ST SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MARK A. MORRIS 3800 PIN OAKS ST. SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BETTY B. BERG 3705 PIN OAKS ST. SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <u>Renee C. Gluvna</u> <b>RENEE C. GLUVNA</b> 04/24/05    941-366-1621					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT

# N99000002947

GLEN OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

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FEI 65-0940379

40070357

OFFICERS & DIRECTORS

D

CHARLES KAYE  
3851 ALLENWOOD ST.  
SARASOTA, FL 34232

D

JENNIFER RAULERSON  
3916 PIN OAKS ST.  
SARASOTA, FL 34232

D

GARY T. DENITTO  
3727 PIN OAKS ST.  
SARASOTA, FL 34232