

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002947

FILED
Apr 21, 2009
Secretary of State

Entity Name: GLEN OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3836 CALLIANDRA DR.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3836 CALLIANDRA DR.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0940379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, SYLVIA G ESQ
1670 STICKNEY POINT RD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEPBURN, WAYNE
Address: 3802 CALLIANDRA DR.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: RYDER, PAUL J
Address: 3643 PIN OAKS ST.
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: NEWLON, ELLENDAR R
Address: 3818 CALLIANDRA DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: GLUVNA, RENEE C
Address: 3836 CALLIANDRA DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: WORTMAN, SCOTT C
Address: 3869 ALLENWOOD ST.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: BERG, BETTY B
Address: 3705 PIN OAKS STREET
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WORTMANN, SCOTT C
Address: 3869 ALLENWOOD ST.
City-St-Zip: SARASOTA, FL 34232

Title: VD (X) Change () Addition
Name: HEPBURN, WAYNE
Address: 3802 CALLIANDRA DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RYDER, PAUL J
Address: 3643 PIN OAKS ST.
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE C. GLUVNA

SD

04/21/2009

Electronic Signature of Signing Officer or Director

Date