

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90176 013 ****61.25

DOCUMENT # N99000002947

1. Entity Name

GLEN OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**3836 CALLIANDRA DR.
SARASOTA FL 34232**

Mailing Address

**3836 CALLIANDRA DR.
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0940379**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GATES, CHAD L ESQ.
LEVIN AND TANNENBAUM, P.A.
1680 FRUITVILLE RD., STE. 102
SARASOTA FL 34236**

Name

Daniel J. Lobeck, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2033 Mam St., Ste 403

City

Sarasota

FL

Zip Code

34237

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **GLUVNA, FRANK M** ☒ Delete
STREET ADDRESS **3836 CALLIANDRA DR.**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **PD** ☐ Change ☒ Addition
NAME **ALTMAN, E. MERVYN**
STREET ADDRESS **3641 ALLENWOOD ST.**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **VD**
NAME **RYDER, PAUL J** ☐ Delete
STREET ADDRESS **3843 PIN OAKS ST.**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **HEPBURN, KATHLEEN**
STREET ADDRESS **3802 CALLIANDRA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **SD** ☐ Change ☒ Addition
NAME **JENSON, SCOTT**
STREET ADDRESS **3915 PIN OAKS ST.**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **TD** ☒ Delete
NAME **MALTESE, PAULETTE**
STREET ADDRESS **3885 PIN OAKS STREET**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TD** ☐ Change ☒ Addition
NAME **WITTLIFF, JAMES H.**
STREET ADDRESS **3700 PIN OAKS ST.**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *James H. Wittliff*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2003

941-366-5831

Date

Daytime Phone

CR2E037 (10/02)