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Apr 29, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000109152

1. Corporation Name

GLEN OAKS DEVELOPMENT, INC.

Principal Place	e of Business	Mailing Address			
1275 LAKE HEATHROW LANE 1275 LAKE HEATHROW LANE					
SUITE 105 HEATHROW FL 32746 SUITE 105 HEATHROW FL 32746					DO NOT WRITE IN THIS SPACE
HEATHOW FE 32740		HEATINGS IL 32740			Date Incorporated or Qualifed
					12/31/1997
2. Principal Place of Business 615 Crescent 2a. Mailing Address 615			Cres	cent	4. FEI Number Applied For
21 Executive Court 26 Executive Cour			urt		59-3483286 Not Applicabl
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional
22 Suite 120 27		27 Suite 120	Suite 120		5. Certificate by Status Desired Fee Required
City & 5 tat	e	City & State	7	ام.	6. Electicin Campaign Financing \$5.00 May Be
23 Lake	Mary, Florida	Lake Mary, F			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible
<b>24</b> 32746	25	29 32746 30	<u> </u>		Personal Property Tax.
	9. Name and Add ress of Curren	Registered Agent	81	Name	10. Name and Address of New Registered Agent
GBA	Y, N. DWAYNE JR			Name	
135 WEST CENTRAL BLVD			82	Street .	Address (P.O. Box Number is Not Acceptable)
SUITE 1100			0.0		
ORLANDO FL 32801			83		
			84	City	85 Zip Code
					FL   S   E   S   E   S   E   S   E   S   E   S   E   S   E   S   E   S   E   E
office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of familiar with, and accept the obligat	∈f Ftorida. Such change was auth	iorized by	the corpo	d corporation submits this statement for the purpose of changing its registered portition's board of directors. I hereby accept the appointment as registered
SIGNATUFE	Signature, typed or printed name of registered agen	it and title if applicable (NOT E: Re	egistered Age	nt signature r	req ired when reinstating) DATE
12.		I) DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		D XX Change Addition
NAME	BORCK, TODD L		12 NAME		Borck, Todd L
STREET ADDRESS	the state of the s		1.3 STREE	TADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	HEATHROW FL 32746 1.44		ST-ZIP	Lake Mary, Florida 32746
TITLE	D	☐ DELETE	2.1 TITLE		D
NAME	WOLF, JONATHAN L	LF, JONATHAN L 22M			Wolf, Jonathan L.
STREET ADDRESS	1275 LAKE HEATHROW LANE STE 105 23		2.3 STREET ADDRESS ∠		615 Creament Eventine Court Suite 120
CITY-ST-ZIP	HEATHROW FL 32746 2.4		2. 4 CITY-	ST-ZIP	Lake Mary, Florida 32746
TITLE	D	☐ DELETE 311			D XX Change Additi
NAME	WILLNER, STUART N 32N		3.2 NAME		Willner, Stuart N.
STREET ADDRESS	AAAT DUOOFIL DOUG		3.3 STREE	TADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		34. CITY-	ST-ZIP	Highland Beach, Florida 33487
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY OT 71D			4.4 CITY-5	RT-7IP	

14. 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRE 3S

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR I RINTED NAME

☐ DELETE

DELETE

4-14-99

Change

☐ Change

☐ Addition

☐ Addition