2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729419

Entity Name: GLEN OAKS GARDEN CONDOMINIUM ASSOCIATION, INC.

FILED Feb 17, 2022 Secretary of State 4301041192CC

Current Principal Place of Business:

1500 GLEN OAKS DRIVE EAST

A106

SARASOTA, FL 34232

Current Mailing Address:

4370 S. TAMIAMI TRAIL

STE. 102

SARASOTA, FL 34231 US

FEI Number: 59-1852988 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPENCE, BRIDGET 4370 SOUTH TAMIAMI TRAIL STE. 102

SARASOTA, FL 34231 US

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: BRIDGET SPENCE 02/17/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name BURKE, NANCY Name HENRY, RICHARD

Address C/O CASEY CONDO MANAGEMENT Address C/O CASEY CONDO MANAGEMENT

4370 S. TAMIAMI TRAIL, STE 102 4370 S. TAMIAMI TRAIL, STE 102

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

Title AS Title DIRECTOR

Name SPENCE, BRIDGET Name COSGROVE, LYNN

Address 4370 SOUTH TAMIAMI TRAIL #102 Address C/O CASEY CONDO MANAGEMENT

City-State-Zip: SARASOTA FL 34231 4370 S. TAMIAMI TRAIL, STE 102

City-State-Zip: SARASOTA FL 34231

Title DIRECTOR Title SECRETARY
Name WALLACE, JIM

Address C/O CASEY CONDO MANAGEMENT

Name REVERE, MAGGIE

4370 S. TAMIAMI TRAIL, STE 102 Address C/O CASEY CONDO MANAGEMENT

City-State-Zip: SARASOTA FL 34231

City-State-Zip: SARASOTA FL 34231

Title PVT

Title DIRECTOR
Name BUEGE, BILL

Address C/O CASEY CONDO MANAGEMENT

4370 S. TAMIAMI TRAIL STE. 102 Address C/O CASEY CONDO MANAGEMENT

4370 S. TAMIAMI TRAIL, STE 102

City-State-Zip: SARASOTA FL 34231 City-State-Zip: SARASOTA FL 34231

I hereby 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 all other like empowered.

SIGNATURE: BRIDGET SPENCE AS 02/17/2022