Entity	Name: GLEN OAKS GARDEN	I CONDOMINIUM ASSOCIATION, INC.	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1500 GLEN OAKS DR. E A106 SARASOTA, FL 34232

DOCUMENT# 729419

Current Mailing Address:

C/O CASEY CONDO MANAGEMENT 4370 S. TAMIAMI TRAIL, STE 102 SARASOTA, FL 34231

FEI Number: 59-1852988

Name and Address of Current Registered Agent:

CASEY CONDOMINIUM MANAGEMENT, INC. 4370 SOUTH TAMIAMI TRAIL - STE. 102 SARASOTA, FL 34231 US Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :						
	Title	TREASURER	Title	PRESIDENT		
	Name	BURKE, NANCY	Name	HENRY, RICHARD		
	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		
	Title	AS	Title	DIRECTOR		
	Name	SPENCE, BRIDGET	Name	VACANT		
	Address	4370 SOUTH TAMIAMI TRAIL #102	Address	C/O CASEY CONDO MANAGEMENT 4370 S. TAMIAMI TRAIL, STE 102		
City-Sta	City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231		
	Title		Title	SECRETARY		
	Name	LUCCIO, KEVIN	Name	COSGROVE, LYNNE		
	Address	C/O CASEY CONDO MANAGEMENT 4370 S. TAMIAMI TRAIL, STE 102 Zip: SARASOTA FL 34231	Address	C/O CASEY CONDO MANAGEMENT 4370 S. TAMIAMI TRAIL, STE 102		
City-State-Zip:	City-State-Zip:		City-State-Zip:	SARASOTA FL 34231		
	Title	VP	Title	DIRECTOR		
	Name	WALLACE, JIM	Name	HANKIN, JUDY		
	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: DOREEN KEIL, LCAM

ON-SITE MANAGER

04/04/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date