

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10644

Entity Name: GLEN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677**Current Mailing Address:**720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 US**FEI Number:** 59-2750616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCANNAVINO, INC.
720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 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:** DOMINICK SCANNAVINO

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ALVARO, JEFFREY
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title VICE PRESIDENT
Name LISANSKY, EUGENE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title TD
Name BULLER, ANDREW
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title SECRETARY
Name JODOIN, JAMIE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name LINDSAY, STEVE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name COURSEN, SCOTT
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name CAMPBELL, TAMMY
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

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: JEFFREY ALVARO

PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date