


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000761
 1. Entity Name
THE GLEN EAGLE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**421 ST. JOHNS AVE.
 PALATKA, FL 32177**

Mailing Address
**421 ST. JOHNS AVE.
 PALATKA, FL 32177**

DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
90-0073345 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GINN, JOHN ARTHUR JR
 421 ST. JOHNS AVE.
 PALATKA, FL 32177**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000124707
 04/22/04-80053-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GINN, JOHN ARTHUR JR 421 ST. JOHNS AVENUE., STE. 3 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GINN, LOU CONE 421 ST. JOHNS AVE. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GINN, JOHN ARTHUR III 421 ST. JOHNS AVE. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: J.A. Ginn, Jr **4/20/04** **(386) 325-4501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #