

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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: *J.A. Ginn, Jr. - Secy Partner*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

UD0000346246
 04/30/05-80068-010 61.25

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/22/05* Daytime Phone #