

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000761

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE GLEN EAGLE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

421 ST. JOHNS AVE.
PALATKA, FL 32177

New Principal Place of Business:

421 ST. JOHNS AVE.
SUITE 3
PALATKA, FL 32177

Current Mailing Address:

421 ST. JOHNS AVE.
PALATKA, FL 32177

New Mailing Address:

421 ST. JOHNS AVE.
SUITE 3
PALATKA, FL 32177

FEI Number: 90-0073345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINN, LOU C
421 ST. JOHNS AVE.
SUITE 3
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GINN, JOHN ARTHUR JR
Address: 421 ST. JOHNS AVENUE., STE. 3
City-St-Zip: PALATKA, FL 32177

Title: DV () Delete
Name: GINN, LOU CONE
Address: 421 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

Title: DST () Delete
Name: GINN, JOHN ARTHUR III
Address: 421 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GINN, LOU CONE
Address: 421 ST. JOHNS AVENUE., STE. 3
City-St-Zip: PALATKA, FL 32177

Title: DV (X) Change () Addition
Name: GINN, JOHN ARTHUR III
Address: 421 ST. JOHNS AVE., STE. 3
City-St-Zip: PALATKA, FL 32177

Title: DST (X) Change () Addition
Name: GINN, JUDITH
Address: 421 ST. JOHNS AVE., STE. 3
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOU CONE GINN

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date