

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90058 027 ****61.25

DOCUMENT # N01000002693

1. Entity Name

GLEN EAGLE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

C/O KENNETH J. LAPOINTE
 PO BOX 3154
 PONTE VEDRA BEACH FL 32004-3154

C/O KENNETH J. LAPOINTE
 PO BOX 3154
 PONTE VEDRA BEACH FL 32004-3154

2. Principal Place of Business

3. Mailing Address

13400 Sutton Park Dr. S

Suite, Apt. #, etc.

Suite 1402

City & State
 Jacksonville, FL. 32224

Zip Country
 32224 USA

13400 Sutton Park Dr. S

Suite, Apt. #, etc.

Suite 1402

City & State
 Jacksonville, FL. 32224

Zip Country
 32224 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0039644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPOINTE, KENNETH J
 124 CYPRESS LAGOON CT.
 PONTE VEDRA FL 32082

Name

Kenneth J. LaPointe

Street Address (P.O. Box Number is Not Acceptable)

13400 Sutton Park Dr. S, Suite 1402

City

Jacksonville, FL.

FL

Zip Code

32224

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.

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	LAPOINTE, KENNETH J	
STREET ADDRESS	PO BOX 3154	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004-3154	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R II	
STREET ADDRESS	PO BOX 3154	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004-3154	
TITLE	DST	<input type="checkbox"/> Delete
NAME	YOUNG, SHIRLEY A	
STREET ADDRESS	PO BOX 3154	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004-3154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13400 Sutton Park Dr.S., Suite 140
CITY-ST-ZIP	Jacksonville, FL. 32224
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13400 Sutton Park Dr.S., Suite 1402
CITY-ST-ZIP	Jacksonville, FL. 32224
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13400 Sutton Park,Dr.S., Suite 1402
CITY-ST-ZIP	Jacksonville, FL. 32224
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13400 Sutton Park Dr. S., Suite 1402
CITY-ST-ZIP	Jacksonville, FL. 32224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth J. LaPointe

Date

Daytime Phone #

1/7/02 (904) 924-4664

0360178

CR2E057 (9/01)