


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90008 025 ****61.25

DOCUMENT # N01000004137

1. Entity Name
RICHARD GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8031 PHILLIPS HIGHWAY, SUITE 2
 JACKSONVILLE, FL 32256**

Mailing Address
**P.O. BOX 1987
 YULEE, FL 32041-1987**

54007176

2. Principal Place of Business
12408 RICHARDS GLEN CT
 Suite, Apt. #, etc.

3. Mailing Address
12408 RICHARDS GLEN CT
 Suite, Apt. #, etc.



02022004 Chg-NP CR2E037 (10/03)

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32258

Country
USA

4. FEI Number
03-0461645

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNS, KENNETH L JR.
 9456 PHILIPS HWY
 STE 1
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name
CARLA WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
12408 RICHARDS GLEN CT

City
JACKSONVILLE

State
FL

Zip Code
32258

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  **CARLA WILLIAMS SECRETARY/TREASURER** **2-2-04**

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, PHIL	
STREET ADDRESS	9456 PHILIPS HWY STE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOAN, JAN J	
STREET ADDRESS	9456 PHILIPS HWY STE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNS, KENNETH L JR.	
STREET ADDRESS	9456 PHILIPS HWY STE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER HOIBERG	
STREET ADDRESS	12327 RICHARDS GLEN CT	
CITY-ST-ZIP	JAX, FL 32258	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL LOUDERBACK	
STREET ADDRESS	12409 RICHARDS GLEN CT	
CITY-ST-ZIP	JAX, FL 32258	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLA WILLIAMS	
STREET ADDRESS	12408 RICHARDS GLEN CT	
CITY-ST-ZIP	JAX, FL 32258	
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)(i), 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:  **CARLA WILLIAMS, SECRETARY** **2-2-04** **904-630-2530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

TREASURER