

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90035 007 \*\*\*\*61.25

339528-90718-2 6 \*

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000000328**

1. Corporation Name  
**GLEN LAUREL-NASSAU HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

9471 BAYMEADOWS ROAD      9471 BAYMEADOWS ROAD  
 SUITE 403      SUITE 403  
 JACKSONVILLE FL 32256      JACKSONVILLE FL 32256



21	2a	3.	4.	Applied For
9471 Baymeadows Road	9471 Baymeadows Road	01/21/1998	59-3457124	Not Applicable
404	404			
Jacksonville, FL	Jacksonville, FL	5. Certificate of Status Desired		\$8.75 Additional Fee Required
32256 Duval	32256 Duval	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**ATKERSON, CHARLES F JR**  
 9471 BAYMEADOWS ROAD  
 SUITE 403  
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name  
**L. Denise Wallace**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9471 Baymeadows Road**  
 83  
**Suite 404**  
 84 City  
**Jacksonville**      FL      85 Zip Code  
**32256**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *L. Denise Wallace*      DATE **3-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAKEFIELD, SERENA</b>	1.2 NAME	
STREET ADDRESS	<b>9471 BAYMEADOWS ROAD SUITE 403</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATKERSON, CHARLES F JR</b>	2.2 NAME	
STREET ADDRESS	<b>9471 BAYMEADOWS ROAD SUITE 403</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVERFIELD, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>7885 SOUTHSIDE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREEDING, HELEN</b>	4.2 NAME	
STREET ADDRESS	<b>7885 SOUTHSIDE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Denise Wallace*      **SIGNATURE REQUIRED**      3/1/99      (904) 739-2002

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

CR2E037 (1/98)