

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90131 011 ****61.25

DOCUMENT # N98000000328

1. Entity Name
GLEN LAUREL-NASSAU HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
9471 BAYMEADOWS ROAD **9471 BAYMEADOWS ROAD**
404 **404**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256-7937**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
920 Third Street **920 Third Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B **Suite B**
 City & State City & State
Neptune Beach, FL **Neptune Beach, FL**
 Zip Country Zip Country
32266 **USA** **32266** **USA**

4. FEI Number Applied For
59-3457124 Not Applicable

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

6. Name and Address of Current Registered Agent
WALLACE, DENISE L
9471 BAYMEADOWS ROAD
STE 404
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
920 Third Street
Suite B
 City State Zip Code
Neptune Beach, FL **FL** **32266**

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 Wallace, Denise L. DATE 1/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKEFIELD, SERENA 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ATKERSON, CHARLES F JR 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVERFIELD, GARY 7865 SOUTHSIDE BLVD. JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREEDING, HELEN 7865 SOUTHSIDE BLVD. JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Silvia Wakefield DATE 1/12/00 Daytime Phone # 904.399.2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)