


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 046 ****61.25

DOCUMENT # N99000005016

1. Entity Name
WALKERS GLEN HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business
2222 WALKERS GLEN LANE JACKSONVILLE, FL 32246 US

Mailing Address
12603 BCH BLVD 301 JACKSONVILLE, FL 32246 US

2. Principal Place of Business
2222 Walkers Glen Lane

3. Mailing Address
12603 Beach Blvd

City & State

Zip Country

01112004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3148658

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JARNVTOWSKI, SHERRIE
12620-3 BCH BLVD
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name **Jarnvtowski, Sherrie**

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

City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, ANGEL 2157 WATNUT CREEK CT N JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNSINGER, EARL 2213 BRISTOL SPRING COURT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUZ, HIDDAI 2262 BRISTOL SPRINGS CT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JARNIDOWSKI, SHERRE 2222 WALKERS GLEN LANE JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATW SHILBY, LINDA 12191 IRWIN MANOR COURT JACKSONVILLE, FL 32246 <input checked="" 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	President Bob Kimmey 2297 Walkers Glen Lane Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Joe Carter 12021 Walkers Glen Lane North Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Debra Galino 12045 Walkers Glen Lane North Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Tetraut 12168 Irwin Manor Drive Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patrick Kane 2275 Bristol Spring Ct Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sherrie Jarnvtowski Date: 1-9-04 904-646-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR