

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002215

**Entity Name:** GLENHAVEN HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC5104047350**

**Current Principal Place of Business:**

PROFESSIONAL COMMUNITY MGMT, INC  
786 BLANDING BLVD., #118  
ORANGE PARK, FL 32065

**Current Mailing Address:**

PROFESSIONAL COMMUNITY MGMT, INC  
786 BLANDING BLVD., #118  
ORANGE PARK, FL 32065

**FEI Number: 59-3675324**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PERRY, ALAN  
786 BLANDING BLVD  
ORANGE PARK, FL 32065 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name SHOWALTER, RONALD  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR  
Name BENTLY, JACK  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORANGE PARK FL 32065

Title VPD  
Name VALDEMAR, ED  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORNAGE PARK FL 32065

Title D  
Name WHITE, HOWARD  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORANGE PARK FL 32065

Title D  
Name ATWELL, RICHARD  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORANGE PARK FL 32065

Title PTD  
Name DROUSE, ED  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORANGE PARK FL 32065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ED DROUSE**

**PTD**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date