#### 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. PRESIDENT

#### SIGNATURE: LOU CONE GINN

Electronic Signature of Signing Officer/Director Detail

#### Entity Name: THE GLEN EAGLE PARK HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business:**

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

421 ST. JOHNS AVE. SUITE 3 PALATKA, FL 32177

### **Current Mailing Address:**

DOCUMENT# N0100000761

421 ST. JOHNS AVE. SUITE 3 PALATKA, FL 32177

#### FEI Number: 90-0073345

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

GINN, LOU C 421 ST. JOHNS AVE. SUITE 3 PALATKA, FL 32177 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

Officer/Director Detail :			
Title	DP	Title	DV
Name	GINN, LOU CONE	Name	GINN, JOHN ARTHUR III
Address	421 ST. JOHNS AVENUE., STE. 3	Address	421 ST. JOHNS AVE., STE. 3
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	PALATKA FL 32177
Title	DST		
Name	GINN, JUDITH		
Address	421 ST. JOHNS AVE., STE. 3		
City-State-Zip:	PALATKA FL 32177		

## Certificate of Status Desired: No

02/13/2015

#### FILED Feb 13, 2015 Secretary of State CC9990026503

Date

Date