
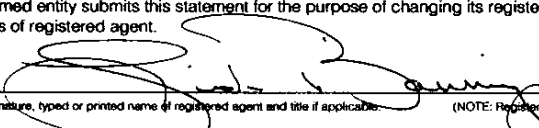
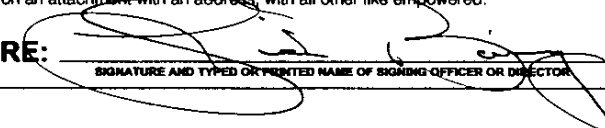


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90329 036 ****70.00

DOCUMENT # 715594 1. Entity Name GLEN ARDEN HEIGHTS CIVIC ASSOCIATION, INC.					
Principal Place of Business 415 MONHCELLO DRIVE ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 415 MONHCELLO DRIVE ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business - No P.O. Box # 411 OAK HILL DRIVE Suite, Apt. #, etc.		3. Mailing Address 411 OAK HILL DRIVE Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS, FL Zip Country 32701 USA		City & State ALTAMONTE SPRINGS, FL Zip Country 32701 USA		4. FEI Number 54-3122007	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MINDY WILLIS 415 MONTICELLO DRIVE ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name LINDA BANNING Street Address (P.O. Box Number is Not Acceptable) 411 OAK HILL DRIVE City ALTAMONTE SPRINGS FL Zip Code 32701		
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  14 April 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, SUE 403 MONTICELLO DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, SUE 403 MONTICELLO DR. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, MINDY 415 MONTICELLO DR ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANNING, LINDA 411 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEROUIN, KATHY 402 MONTICELLO DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEROUIN, KATHY 402 MONTICELLO DR. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, JIM 403 MONTICELLO DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, JIM 403 MONTICELLO DR. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  14 April 2007 407-970-8159 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40063913



04142007 Chg-NP CR2E037 (12/06)