

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90210 033 ****61.25

DOCUMENT # 715594

1. Entity Name
GLEN ARDEN HEIGHTS CIVIC ASSOCIATION, INC.



Principal Place of Business: ~~411 OAK HILL DRIVE~~ 804 Arlington Blvd
ALTAMONTE SPRINGS, FL 32701 US
Mailing Address: 411 OAK HILL DRIVE 804 Arlington Blvd
ALTAMONTE SPRINGS, FL 32701 US

40031436



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
54-3122007

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINDY WILLIS
411 OAK HILL DRIVE
ALTAMONTE SPRINGS, FL 32701

Name: Joyce Dorfman
Street Address (P.O. Box Number is Not Acceptable):
804 Arlington Blvd.
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: *Joyce Dorfman* 2/18/08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete
NAME: MURRAY, SUE
STREET ADDRESS: 403 MONTICELLO DR
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: T ☐ Delete
NAME: BANNING, LINDA
STREET ADDRESS: 411 OAK HILL DR
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701

TITLE: Treasurer ☒ Change ☐ Addition
NAME: Joyce Dorfman
STREET ADDRESS: 804 Arlington Blvd.
CITY-ST-ZIP: Altamonte Springs, FL 32701

TITLE: S ☐ Delete
NAME: DEROUIN, KATHY
STREET ADDRESS: 402 MONTICELLO DR
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: MURRAY, JIM
STREET ADDRESS: 403 MONTICELLO DR
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701

TITLE: VP ☒ Change ☐ Addition
NAME: Linda Constantine
STREET ADDRESS: 412 Oak Hill Dr
CITY-ST-ZIP: Altamonte Springs, FL 32701

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: *Joyce Dorfman* 2/18/08 407 339-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #