

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762628

FILED
Mar 18, 2009
Secretary of State

Entity Name: HOBBIT'S GLEN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1600 NW 22ND CIRCLE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

C/O ACTION MANAGEMENT OF GAINESVILLE, INC.
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2170952 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAUSAMAN, D JEFFREY
C/O ACTION MANAGEMENT OF GAINESVILLE, INC.
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

C/O ACTION MANAGEMENT OF GAINESVILLE, INC
6110-B NW 1ST PL
GAINESVILLE, FL 32607 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: D JEFFREY SAUSAMAN

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MISIK, STEPHEN
Address: 1649 NW 22 CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: MILANICH, JERALD
Address: 1651 NW 22BD CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SHEPPARD, ALICIA
Address: 1648 NW 22 CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: BROWN, LEWIS JR
Address: P.O. BOX 357550
City-St-Zip: GAINESVILLE, FL 32653

Title: SD () Delete
Name: FISCHER, MARY
Address: 1648 NW 22ND CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: DT () Delete
Name: HURTOK, DIANE
Address: 1640 NW 22 CIRCLE
City-St-Zip: GAINESVILLE, FL 32613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEWIS BROWN

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date