2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2004 8:00 am
Secretary of State
02-13-2004 90005 023 ****61.25

DOCUMENT # 765907

1. Entity Name
GLEN JAC HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3702 SECOR AVE BRONX, NY 10466 US	% GOBIN PERSAND 3702 SECOR AVE BRONX, NY 10466 US

02062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
513 W. Vine Str.	c/o M and N Real Estate
Suite, Apt. #, etc. 513	Suite, Apt. #, etc. Store, Inc. 513 W. Vine Str
City & State Kissimmee, FL	City & State Kissimmee, FL 34
Zip 34741	Country USA
Zip 34741	Country USA

4. FEI Number
59-2892868
☐ Applied For
☐ Not Applicable

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
PERSAND, PAUL 1595 SHADY OAK DRIVE KISSIMMEE, FL 34744	Name: Michael Tollefsrud Street Address (P.O. Box Number is Not Acceptable): 513 W. Vine Str. City: Kissimmee FL Zip Code: 34741

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: Michael Tollefsrud Michael Tollefsrud 2/10/2004
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, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERSAND, GOBIN 3702 SECOR AVE BRONX, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kevin Lenihan 23 Glendine Heights ~~Kilkenny, IRELAND~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERSAND, MOHANEE 3702 SECOR AVE BRONX, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Mary Lenihan 23 Glendine Heights ~~Kilkenny, IRELAND~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PERSAND, PAUL 1595 SHADY OAK DR KISSIMMEE, FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Michael Tollefsrud ~~513 W. Vine Str.~~ ~~Kissimmee, FL 34741~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Tollefsrud Michael Tollefsrud 407-847-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #