

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 765907

1. Entity Name
GLEN JAC HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**513 W. VINE ST
KISSIMMEE, FL 34741 US**

Mailing Address
**% M AND N REAL ESTATE STRE, INC.
513 W. VINE ST.
KISSIMMEE, FL 34741 US**



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2892868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOLLEFSRUND, MICHAEL
513 W. VINE ST
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (do if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENIHAN, KEVIN 23 GLENDINE HEIGHTS KILKENNY, IRELAND,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENIHAN, MARY 23 GLENDINE HEIGHTS KILKENNY, IRELAND,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD TOLLEFSRUD, MICHAEL 513 W. VINE ST KISSIMMEE, FL 34741
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/05-80053-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Tollefsrud 2/11/05 407-847-7117