
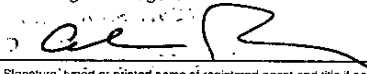
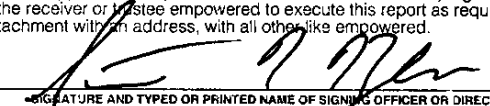


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 011 ****70.00

DOCUMENT # N00000002215 1. Entity Name GLENHAVEN HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4759 LEOPARD CIRCLE MIDDLEBURG, FL 32068		Mailing Address %AWAKENINGS ASSOC. MGMT. P.O. BOX 949 MIDDLEBURG, FL 32050-0949	
2. Principal Place of Business Suite, Apt. #, etc. 786 Blanding Blvd #118		3. Mailing Address 40 PCM, Inc. 786 Blanding Blvd #118	
City & State Orange Park		City & State Orange Park	
Zip FL 32065		Zip FL 32065	
Country USA		Country USA	
4. FEI Number 59-3675324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELCOMYN, VINA C 4759 LEOPARD CIRCLE MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent Name Alan Perry Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Alan Perry DATE 12 Apr 05 <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, 2005		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	PSTD NICHOLS, LAWRENCE D 692 CAMP JOHNSON RD ORANGE PARK, FL 320655832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Troy Nagle 3305 Westfield Dr Green Cove Springs, FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MC'WILLIAMS, A.E. 692 CAMP JOHNSON RD ORANGE PARK, FL 320655832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wendy Leffingwell 2503 Jerene Ct. Green Cove Springs, FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC'WILLIAMS, MACY 692 CAMP JOHNSON RD ORANGE PARK, FL 320655832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Rena Smith 2513 Jerene Ct Green Cove Springs FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Kaiser 3274 Chadborne Dr. Green Cove Springs FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Robay 3251 Chad Borne Dr. Green Cove Springs, FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sebastian Williams 3151 Chancery Ct. Green Cove Springs, FL 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 		Date 4-18-05 Daytime Phone # 904-282-5369	