
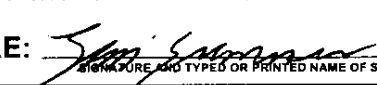


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90103 038 ****70.00

DOCUMENT # N00000002215 1. Entity Name GLENHAVEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PROFESSIONAL COMMUNITY MGMT, INC 786 BLANDING BLVD., #118 ORANGE PARK, FL 32065			Mailing Address PROFESSIONAL COMMUNITY MGMT, INC 786 BLANDING BLVD., #118 ORANGE PARK, FL 32065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3675324	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERRY, ALAN 786 BLANDING BLVD ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DTP	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAGLE, TROY		NAME	Janelle Conn	
STREET ADDRESS	3365 WESTFIELD DRIVE		STREET ADDRESS	2639 Glen Oaks Drive	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, RICK		NAME	Jim Sumner	
STREET ADDRESS	2619 GLEN OAKS DR		STREET ADDRESS	2624 Glen Oaks Dr	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, STEVE		NAME	Mike Misiak	
STREET ADDRESS	2607 GLEN OAKS DR		STREET ADDRESS	2563 Woodhaven Ct	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Green Cove Springs, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, PAUL		NAME		
STREET ADDRESS	3274 CHADBORNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBEY, BRIAN		NAME		
STREET ADDRESS	3251 CHADBORNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SEBASTAIN		NAME		
STREET ADDRESS	3151 CHANERY CT.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
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: 			1 MAY 07 Date Daytime Phone #		