


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 001 ****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		4. FEI Number 59-3675324	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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="text-align: right;"> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONN, JANELLE		NAME		
STREET ADDRESS	2639 GLEN OAKS 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	SUMNER, JIM		NAME		
STREET ADDRESS	2624 GLEN OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISIAK, MIKE		NAME	Fred Ross	
STREET ADDRESS	2563 WOODHAVEN CT		STREET ADDRESS	2575 Glenfield Dr.	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" 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		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Shawn Gihl	
STREET ADDRESS			STREET ADDRESS	1139 Calla Glen Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Green Cove Springs FL 32043	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Marty Thompson	
STREET ADDRESS			STREET ADDRESS	1170 Calla Glen Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Green Cove Springs FL 32043	
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: <i>Janelle Conn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			14MAR2008 Date		
			904-298-2321 Daytime Phone #		