

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-25-2007 90163 016 ****61.25

DOCUMENT # N00000007677	
1. Entity Name NORTHGLEN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 786 BLANDING BLVD., #118/#120 STE. ORANGE PARK, FL 32065	Mailing Address 786 BLANDING BLVD., #118/#120 STE. ORANGE PARK, FL 32065
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2. Principal Place of Business - No P.O. Box # 8282 WESTERN WAY CIR.	3. Mailing Address 8282 WESTERN WAY CIR.
Suite, Apt. #, etc. SUITE 1101	Suite, Apt. #, etc. SUITE 1101
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32256	Country U.S.A.

05142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3730886	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROGERS, BARBARA M 6282 WESTERN WAY CIRCLE, SUITE 1101 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Barbara M. Rogers **BARBARA M. ROGERS** 5/15/2007
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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, DAN 1588 GLENVIEW ST. MIDDLEBURG, FL 32065 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDEIROS, JIM 1584 GLENVIEW STREET MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYNCH, STEVEN 1520 ASHLEIGH ST MIDDLEBURG, FL 32068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SNYDER, BILL 1642 NORTHGLEN CIRCLE MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DARLEY, BRENDA 1540 ASHLEIGH ST MIDDLEBURG, FL 32068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMMONS, BILL 1828 NORTHGLEN CIRCLE MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DOUG 1752 NORTHGLEN CIR MIDDLEBURG, FL 32068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCDONALD, MICHELLE 1501 ASHLEIGH STREET MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARMSTRONG, BEN 1575 GLENVIEW ST MIDDLEBURG, FL 32068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, ELIZABETH 1792 NORTHGLEN CIRCLE MIDDLEBURG, FL 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTEE, CINDY 1739 NORTHGLEN CIR MIDDLEBURG, FL 32068 ☒ 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 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 Jimmy A. Medeiros **5/16/07** 904-213-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jimmy A. Medeiros **5/16/07**
Jimmy A. Medeiros President