

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007677

FILED
Apr 17, 2008
Secretary of State

Entity Name: NORTHGLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8282 WESTERN WAY CIR.
SUITE 1101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8282 WESTERN WAY CIR.
SUITE 1101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3730886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, BARBARA M
6282 WESTERN WAY CIRCLE, SUITE 1101
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEDEIROS, JIM
Address: 1584 GLENVIEW STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: DV () Delete
Name: SNYDER, BILL
Address: 1642 NORTHGLEN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: DS () Delete
Name: SIMMONS, BILL
Address: 1828 NORTHGLEN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT () Delete
Name: MCDONALD, MICHELLE
Address: 1501 ASHLEIGH STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: SUMMERS, ELIZABETH
Address: 1792 NORTHGLEN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D (X) Delete
Name: PARTEE, CINDY
Address: 1739 NORTHGLEN CIR
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FUMICH, ANTHONY
Address: 1662 NORTHGLEN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. DAVID ROGERS, JR., LCAM, FL

MGR

04/17/2008

Electronic Signature of Signing Officer or Director

Date