

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007677

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** NORTHGLEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8282 WESTERN WAY CIRCLE  
SUITE 1149  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8282 WESTERN WAY CIRCLE  
SUITE 1149  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 59-3730886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, BARBARA M  
6282 WESTERN WAY CIRCLE  
SUITE # 1149  
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  
Name: MEDEIROS, JIM  
Address: 1584 GLENVIEW STREET  
City-St-Zip: MIDDLEBURG, FL 32068

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

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

Title: DT  
Name: HOWE, STEVE  
Address: 1792 NORTHGLEN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D  
Name: EDWARDS, JEFFREY  
Address: 1646 NORTHGLEN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA M. ROGERS

RA

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date