

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002693

1. Entity Name
GLEN EAGLE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business
13400 SUTTON PARK DR S
STE 1402
JACKSONVILLE, FL 32224

Mailing Address
13400 SUTTON PARK DR S
STE 1402
JACKSONVILLE, FL 32224



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0039644

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPOINTE, KENNETH J
13400 SUTTON PARK DR S, STE 1402
PONTE VEDRA, FL 32082

DO NOT WRITE IN THIS SPACE

8. Fee 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

Signature of principal officer or registered agent (see Block 6)

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10 OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP LAPOINTE, KENNETH J 13400 SUTTON PARK DR S, STE 1402 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV HOWELL, WILLIAM R II 13400 SUTTON PARK DR S, STE 1402 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST YOUNG, SHIRLEY A 13400 SUTTON PARK DR S, STE 1402 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

000000197398
01/27/05-80010-0006 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 as an attachment with an address, with all other use empowered.

SIGNATURE:

Kenneth J Lapointe 1/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Phone/Fax #