


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002693</b> 1. Entity Name <b>GLEN EAGLE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.</b>	
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Principal Place of Business <b>13400 SUTTON PARK DR S STE 1402 JACKSONVILLE FL 32224</b>	Mailing Address <b>13400 SUTTON PARK DR S STE 1402 JACKSONVILLE FL 32224</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>80-0039644</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> <b>LAPOINTE, KENNETH J 13400 SUTTON PARK DR S. STE 1402 PONTE VEDRA FL 32082</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	LAPOINTE, KENNETH J
STREET ADDRESS	13400 SUTTON PARK DR S. STE 11402
CITY-STATE-ZIP	JACKSONVILLE FL 32224
TITLE	DV <input type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R II
STREET ADDRESS	13400 SUTTON PARK DR S. STE 1402
CITY-STATE-ZIP	JACKSONVILLE FL 32224
TITLE	DST <input type="checkbox"/> Delete
NAME	YOUNG, SHIRLEY A
STREET ADDRESS	13400 SUTTON PARK DR S. STE 1402
CITY-STATE-ZIP	JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000624117
STREET ADDRESS	02/14/07-80018-013 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kenneth J. Lapointe* 1/26/07 (904)992-6464