


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N0100002693
 1. Entity Name
GLEN EAGLE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
**13400 SUTTON PARK DR S
 STE 1402
 JACKSONVILLE FL 32224** **13400 SUTTON PARK DR S
 STE 1402
 JACKSONVILLE FL 32224**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
80-0039644 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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW FEE IS \$61.25
 Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to:
 Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAPOINTE, KENNETH J	
STREET ADDRESS	13400 SUTTON PARK DR S. STE11402	
CITY-ST-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-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DST	<input type="checkbox"/> Delete
NAME	YOUNG, SHIRLEY A	
STREET ADDRESS	13400 SUTTON PARK DR S. STE 1402	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-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* 1/29/08 (904)9726464