


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90008 025 ****61.25

DOCUMENT # N01000004137	
1. Entity Name RICHARD GLEN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8031 PHILLIPS HIGHWAY, SUITE 2 JACKSONVILLE, FL 32256	Mailing Address P.O. BOX 1987 YULEE, FL 32041-1987
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54007176

2. Principal Place of Business 12408 RICHARDS GLEN CT Suite, Apt. #, etc.	3. Mailing Address 12408 RICHARDS GLEN CT Suite, Apt. #, etc.
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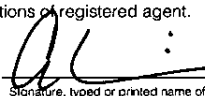
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32258	Zip 32258
Country USA	Country USA



02022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent JOHNS, KENNETH L JR. 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256	
7. Name and Address of New Registered Agent Name CARLA WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 12408 RICHARDS GLEN CT City JACKSONVILLE FL Zip Code 32258	

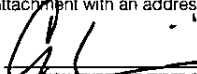
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CARLA WILLIAMS SECRETARY/TREASURER** 2-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, PHIL 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTOPHER HOIBERG 12327 RICHARDS GLEN CT JAX, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOAN, JAN J 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL LOUDERBACK 12409 RICHARDS GLEN CT JAX, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, KENNETH L JR. 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CARLA WILLIAMS 12408 RICHARDS GLEN CT JAX, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CARLA WILLIAMS, SECRETARY** 2-2-04 904-630-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #