

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90316 028 \*\*\*\*61.25

**DOCUMENT # N01000004137**

1. Entity Name  
RICHARD GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
12408 RICHARDS GLEN CT.  
JACKSONVILLE, FL 32258

Mailing Address  
12408 RICHARDS GLEN CT.  
JACKSONVILLE, FL 32258

**50024973**

2. Principal Place of Business

1923 E. WINDY WAY

Suite, Apt. #, etc.

3. Mailing Address

1923 E. WINDY WAY

Suite, Apt. #, etc.

03092005 Chg-NP CR2E037 (10/03)

City & State

JACKSONVILLE, FLORIDA

Zip  
32259

Country

DUVAL

City & State

JACKSONVILLE, FLORIDA

Zip  
32259

Country

DUVAL

4. FEI Number  
03-0461645

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CARLA  
12408 RICHARDS GLEN CT.  
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent

Name  
CARLA WILLIAMS  
Street Address (P.O. Box Number is Not Acceptable)  
1923 E WINDY WAY  
City  
JACKSONVILLE FL Zip Code  
32259

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]* Secretary / Treasurer

3-8-05

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, 2005**

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

TITLE  
NAME  
P  
HOIBERG, CHRISTOPHER  
STREET ADDRESS  
12327 RICHARDS GLEN CT.  
CITY-ST-ZIP  
JACKSONVILLE, FL 32258 ☐ Delete

TITLE  
NAME  
D  
DOAN, JAN J  
STREET ADDRESS  
9456 PHILIPS HWY STE 1  
CITY-ST-ZIP  
JACKSONVILLE, FL 32258 ☒ Delete

TITLE  
NAME  
PD  
JOHNS, KENNETH L JR.  
STREET ADDRESS  
9456 PHILIPS HWY STE 1  
CITY-ST-ZIP  
JACKSONVILLE, FL 32256 ☒ Delete

TITLE  
NAME  
V  
LOUDERBACK, DANIEL  
STREET ADDRESS  
12409 RICHARDS GLEN CT.  
CITY-ST-ZIP  
JACKSONVILLE, FL 32258 ☐ Delete

TITLE  
NAME  
TS  
WILLIAMS, CARLA  
STREET ADDRESS  
12408 RICHARDS GLEN CT.  
CITY-ST-ZIP  
JACKSONVILLE, FL 32258 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
TS  
CARLA WILLIAMS  
STREET ADDRESS  
1923 E. WINDY WAY  
CITY-ST-ZIP  
JACKSONVILLE, FL 32259 ☒ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA WILLIAMS

3-8-05

Date

904-630-2530

Daytime Phone #