2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004908

1. Entity Name
GLADES HAVEN HOMEOWNERS ASSOCIATION PHASE 1, INC.

Principal Place of Business	Mailing Address
801 COPELAND AVE EVERGLADES CITY, FL 34139	4839 SW 148 AVE #500 DAVIE, FL 33330

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01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
41-2084798

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDON CPA, JUDITH
5130 SW 188 AVE
SOUTHWEST RANCHES, FL 33332

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

Filing Fee is $61.25
Due by May 1, 2008

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

000000922146
02/19/08-80055-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, LEON
STREET ADDRESS	3031 SHELL ALNE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VPD
NAME	RODRIGUEZ, NELSON
STREET ADDRESS	4720 BUCHANAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	TD
NAME	HARDEN, DANIEL
STREET ADDRESS	5130 SW 188TH AVE.
CITY-ST-ZIP	SOUTWEST RANCHES, FL 33332
TITLE	SD
NAME	POTTS, SHANNON
STREET ADDRESS	24508 CLAIRE STREET
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 2/7/08 954-434-1001
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #