

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004908

FILED  
Jan 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

801 COPELAND AVE  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

825 S. COPELAND AVENUE  
EVERGLADES CITY, FL 34139

**Current Mailing Address:**

4839 SW 148 AVE  
#500  
DAVIE, FL 33330

**New Mailing Address:**

**FEI Number:** 41-2084798      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HARDEN, JUDITH CPA  
5130 SW 188 AVE  
SOUTHWEST RANCHES, FL 33332      US

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.

SIGNATURE: JUDITH HARDEN

01/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WILSON, LEON  
Address: 3031 SHELL ALNE  
City-St-Zip: LABELLE, FL 33935

Title: VPD      ( ) Delete  
Name: RODRIGUEZ, NELSON  
Address: 4720 BUCHANAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD      ( ) Delete  
Name: HARDEN, DANIEL  
Address: 5130 SW 188TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: SD      ( ) Delete  
Name: POTTS, SHANNON  
Address: 24508 CLAIRE STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: WILSON, LEON  
Address: 3031 SHELL LANE  
City-St-Zip: LABELLE, FL 33935

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL HARDEN

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date