

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90033 016 ****61.25

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1. Entity Name
GLENFIELD OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
5985 SOUTH RIVER CIRCLE
MACLENNY, FL 32063

Mailing Address
P. O. BOX 356
MACLENNY, FL 32063-0356

00000333



DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
02-0662931

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RHODEN, H. BENTLEY
1324 COPPER OAKS COURT
PO BOX 356
MACLENNY, FL 32063

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHODEN, H. BENTLEY
STREET ADDRESS	1324 COPPER OAKS COURT
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	S/T
NAME	CRAWFORD, CLAUDETTE
STREET ADDRESS	P. O. BOX 356, 5985 SOUTH RIVER CIRCLE
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	D
NAME	RHODEN, J. CABLE
STREET ADDRESS	1324 COPPER OAKS COURT
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	D
NAME	RHODEN, H. BENTLEY
STREET ADDRESS	1324 COPPER OAKS COURT
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	D
NAME	CRAWFORD, CLAUDETTE
STREET ADDRESS	P. O. BOX 356, 5985 SOUTH RIVER CIRCLE
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 person or listed person or persons authorized 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

6 Jan 06

Date

904-259-3343

Daytime Phone #