


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000008697	
1. Entity Name GLENFIELD OAKS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5985 SOUTH RIVER CIRCLE MACCLENNEY, FL 32063	Mailing Address P. O. BOX 356 MACCLENNEY, FL 32063--035
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0662931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENTLEY, HUGH RHODEN 6362 LAUREL COURT P O BOX 356 MACCLENNEY, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000783527

01/16/08-80018-018-61-25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODEN, H. BENTLEY 6362 LAUREL COURT MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CRAWFORD, CLAUDETTE P. O. BOX 356, 5985 SOUTH RIVER CIRCLE MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, J. CABLE 6362 LAUREL COURT MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, H. BENTLEY 6362 LAUREL COURT MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, CLAUDETTE P. O. BOX 356, 5985 SOUTH RIVER CIRCLE MACCLENNEY, 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 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: Claudette Crawford, Secy/Treas. 10 Jan 08 904-269-3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #