

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008697

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: GLENFIELD OAKS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5985 SOUTH RIVER CIRCLE  
MACCLENNY, FL 32063

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 356  
MACCLENNY, FL 32063-035

## New Mailing Address:

P. O. BOX 356  
MACCLENNY, FL 32063

FEI Number: 02-0662931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENTLEY, HUGH RHODEN  
6362 LAUREL COURT  
P O BOX 356  
MACCLENNY, FL 32063 US

## Name and Address of New Registered Agent:

RHODEN, H. BENTLEY  
10745 HILLSIDE DRIVE  
MACCLENNY, FL 32063 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: H. BENTLEY RHODEN

01/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RHODEN, H. BENTLEY  
Address: 6362 LAUREL COURT  
City-St-Zip: MACCLENNY, FL 32063

Title: S/T ( ) Delete  
Name: CRAWFORD, CLAUDETTE  
Address: P. O. BOX 356, 5985 SOUTH RIVER CIRCLE  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: RHODEN, J. CABLE  
Address: 6362 LAUREL COURT  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: RHODEN, H. BENTLEY  
Address: 6362 LAUREL COURT  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: CRAWFORD, CLAUDETTE  
Address: P. O. BOX 356, 5985 SOUTH RIVER CIRCLE  
City-St-Zip: MACCLENNY, FL 32063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RHODEN, H. BENTLEY  
Address: 10745 HILLSIDE DRIVE  
City-St-Zip: MACCLENNY, FL 32063

Title: VP (X) Change ( ) Addition  
Name: CRAWFORD, CLAUDETTE  
Address: 5985 SOUTH RIVER CIRCLE  
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change ( ) Addition  
Name: RHODEN, JON CABLE  
Address: 10745 HILLSIDE DRIVE  
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change ( ) Addition  
Name: RHODEN, H. BENTLEY  
Address: 10745 HILLSIDE DRIVE  
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, CLAUDETTE  
Address: 5985 SOUTH RIVER CIRCLE  
City-St-Zip: MACCLENNY, FL 32063

Title: S/T ( ) Change (X) Addition  
Name: CRAWFORD, CLAUDETTE  
Address: 5985 SOUTH RIVER CIRCLE  
City-St-Zip: MACCLENNY, FL 32063

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: CLAUDETTE CRAWFORD

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date