2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008697

FILED Jan 04, 2012 Secretary of State

Date

Entity Name: GLENFIELD OAKS HOMEOWNERS ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

5985 SOUTH RIVER CIRCLE MACCLENNY, FL 32063

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

RHODEN, H. BENTLEY Name: Address: 10745 HILLSIDE DRIVE City-St-Zip: MACCLENNY, FL 32063

Title:

Name: CRAWFORD, CLAUDETTE Address: 5985 SOUTH RIVER CIRCLE City-St-Zip: MACCLENNY, FL 32063

Title:

RHODEN, JON CABLE Name: Address: 10745 HILLSIDE DRIVE City-St-Zip: MACCLENNY, FL 32063

Title:

Name: RHODEN, H. BENTLEY Address: 10745 HILLSIDE DRIVE City-St-Zip: MACCLENNY, FL 32063

Title:

CRAWFORD, CLAUDETTE Name: 5985 SOUTH RIVER CIRCLE Address: MACCLENNY, FL 32063 City-St-Zip:

Title:

CRAWFORD, CLAUDETTE Name: Address: 5985 SOUTH RIVER CIRCLE MACCLENNY, FL 32063 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: CLAUDETTE CRAWFORD VΡ 01/04/2012