
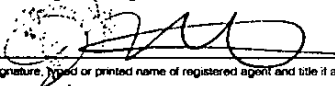
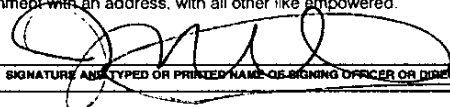


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90035 044 ****61.25

DOCUMENT # N02000009490 1. Entity Name GLEN HAWK HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2039 VALKYRIE CT. TALLAHASSEE, FL 32308			Mailing Address 2039 VALKYRIE CT. TALLAHASSEE, FL 32308		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 38-3669941	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUNT, JENNIFER 2039 VALKYRIE CT. TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE  Jennifer Hunt <small>Signature, typed or printed name of registered agent and title if applicable.</small>				7-27-05 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EBERHART, THOMAS 2032 VALKYRIE CT. TALLAHASSEE, FL 32308			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS STEWART, KRISTIN 2902 VIKING WAY TALLAHASSEE, FL 32308			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUNT, JENNIFER 2039 VALKYRIE CT. TALLAHASSEE, FL 32308			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				7-27-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
[Empty]				818-0422	
[Empty]				<small>Daytime Phone #</small>	