

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90287 049 ****61.25

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04092006 Chg-NP CR2E037 (11/05)

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 2026 Valkyrie Ct.		3. Mailing Address 2026 Valkyrie Ct.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 38-3669941	
Zip 32308		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 Dee Fort Street Address (P.O. Box Number is Not Acceptable) 2026 Valkyrie Ct. City Tallahassee FL Zip Code 32308		
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 <small>(Signature typewritten or printed name of registered agent and title if applicable)</small>			DATE 4-9-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEWART, KRISTIN <input checked="" type="checkbox"/> Delete 2902 VIKING WAY TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, JENNIFER <input checked="" type="checkbox"/> Delete 2039 VALKYRIE CT. TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas/Sec. Princella Moore <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2973 VIKING WAY Tallahassee, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dee Fort <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2026 Valkyrie Ct. Tallahassee, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-9-06 Daytime Phone # 850-422-1992		