


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N02000009490 |  |
| 1. Entity Name GLEN HAWK HOMEOWNER'S ASSOCIATION, INC. | |

| | |
|---|---|
| Principal Place of Business 2026 VALKYRIE CT TALLAHASSEE, FL 32308 | Mailing Address 2026 VALKYRIE CT TALLAHASSEE, FL 32308 |
|---|---|

DO NOT WRITE IN THIS SPACE



03122008 No Chg-NP CR2E037 (4/06)

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|--|--|
| 4. FEI Number 38-3669941 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FORT, DEE
2026 VALKYRIE CT
TALLAHASSEE, FL 32308

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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 renewing) **DATE** _____

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000873629 04/10/08 00000 010 70.00 |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|-----------------------|
| TITLE | TS |
| NAME | MOORE, PRINCELLA |
| STREET ADDRESS | 2973 VIKING WAY |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | P |
| NAME | FORT, DEE |
| STREET ADDRESS | 2026 VALKYRIE CT |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:  **03-21-08** **850-921-4631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #