

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
04 MAR 16 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N03000001064**

1. Entity Name  
**GLEN PLANTATION PROPERTY OWNER'S  
ASSOCIATION, INC.**

Principal Place of Business  
**285 NW 138TH TERR  
SUITE 100  
JACKSONVILLE, FL 32669**

Mailing Address  
**285 NW 138TH TERR  
SUITE 100  
JACKSONVILLE, FL 32669**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-0785721**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, RYAN C  
285 NW 138TH TERR  
SUITE 100  
JACKSONVILLE, FL 32669**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CURTIS, JOHN M SR  
STREET ADDRESS 11635 NW 1ST AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE STD ☐ Delete  
NAME KNABB, TODD L SR  
STREET ADDRESS 7436 WOODHAVEN RD.  
CITY-ST-ZIP MACLENNY, FL 32063

TITLE VD ☐ Delete  
NAME RHODEN, THOMAS R  
STREET ADDRESS 515 SOUTH 6TH ST.  
CITY-ST-ZIP MACLENNY, FL 32063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100031860861  
04/06/04--01022--028 \*\*70.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John M. Curtis  
President/Director**

**2/27/04 352-332-0838**