

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001064

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



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

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

**FILED**  
05 APR 19 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0785721	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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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**DO NOT WRITE  
IN THIS SPACE**

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

3/9/05 352-332-0838

Date

Daytime Phone #