

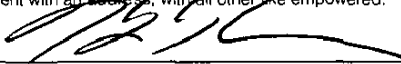


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90205 035 \*\*\*\*61.25

<b>DOCUMENT # N03000001064</b> 1. Entity Name <b>GLEN PLANTATION PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>285 NW 138TH TERRACE, SUITE 100 JACKSONVILLE, FL 32669</b>			Mailing Address <b>285 NW 138TH TERRACE, SUITE 100 JACKSONVILLE, FL 32669</b>		
2. Principal Place of Business - No P.O. Box # <b>515 South 6th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>7436 Woodlawn Road</b> Suite, Apt. #, etc.			
City & State <b>Macclenny, FL</b>		City & State <b>Macclenny, FL</b>		4. FEI Number <b>20-0785721</b>	
Zip <b>32063</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CURTIS, RYAN C</b> <b>285 NW 138TH TERR</b> <b>SUITE 100</b> <b>JACKSONVILLE, FL 32669</b>			7. Name and Address of New Registered Agent Name <b>Terrence M. Brown, PA</b> Street Address (P.O. Box Number is Not Acceptable)  <b>486 North Temple Avenue</b> City <b>Starke</b> <b>FL</b> Zip Code <b>32091</b>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	CURTIS, JOHN M SR		NAME		
STREET ADDRESS	11635 NW 1ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD	
NAME	KNABB, TODD L SR		NAME		
STREET ADDRESS	7436 WOODLAWN RD		STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY, FL 32063		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	RHODEN, THOMAS R		NAME		
STREET ADDRESS	515 SOUTH 6TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY, FL 32063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	STD	
NAME			NAME	Knabb, Lisa W.	
STREET ADDRESS			STREET ADDRESS	7436 Woodlawn Road	
CITY-ST-ZIP			CITY-ST-ZIP	Macclenny, FL 32063	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>