2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT	# N0300001064		

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



Principal Place of Business 285 NW 138TH TERRACE, SUITE 100 IACKSONVILLE FL 32669 Mailing Address
285 NW 138TH TERRACE, SUITE 100
IACKSONVILLE FL 32669

	LE, FL 32669	JACKSONVILLE, FL 32		100	ļ				
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	·	<u></u>					
515 South 6th Street 7436 Woodlawn Road		oad					-11-51 - 11 11 51		
Suite, Apt. #, etc. Suite, Apt. #, etc.			04202007	Chg-NP	CR2E037 (1	2/06)			
City & State City & State		4. FEI Number	<u> </u>	·	Ar	oplied For			
l •• ' - - '		Macclenny,	FL		20-0785	721			ot Applicable
Zip 32063	Country USA	Zip 32063	Country \$8.75 Additional		ditional ed				
6. Name and Address of Current Registered Agent						ddress of New I		t	
CURTIS, F	RYAN C			${ t Terre}$	ence M.	Brown,	PA		
,	38TH TERR		-	Street Address (P.O. Box Number	is Not Acceptabl	le)		-
SUITE 100 JACKSON) IVILLE, FL 32669	An in the second of the second		196 No					
	,	••	-	City Stark	orth Tem	pre Ave	El 2	Zip Cod	
9 The above	named entity submits this statement for	or the autopas of changing its	resistered			in the State of Si		320	
	tions of registered agent	r the purpose of changing its	registered i	unice or register	ed agent, or both	, in the State of Fi	ionoa. Tam iamilii	ar wi(n,	ano accept
	122								
SIGNATURE		<u>, </u>							
	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registered Ag	jent signature required) when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Car	npaign Fina	ncing	\$5.00 May Be		Make check pay	able t	o
Due by May 1, 2007 Trust Fund Contribution.		. 🗆	Added to Fees	Flo	rida Departmer	it of S	tate		
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10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIRECT	ORS IN	₹ 10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #