

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90205 031 ****61.25

DOCUMENT # N04000007833					
1. Entity Name THE FARMS AT GLEN PLANTATION OWNER'S ASSOCIATION, INC.					
Principal Place of Business 11635 NW 1ST AVENUE GAINESVILLE, FL 32607			Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607		
2. Principal Place of Business - No P.O. Box # 515 South 6th Street		3. Mailing Address 7436 Woodlawn Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Macclenny, FL		City & State Macclenny, FL		4. FEI Number 20-2489674	
Zip 32063		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURTIS, RYAN C 285 NW 138TH TERR SUITE 200 JONESTOWN, FL 32669		7. Name and Address of New Registered Agent Name Terrence M. Brown, PA Street Address (P.O. Box Number is Not Acceptable) 486 North Temple Avenue City Starke, FL Zip Code 32091			
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: 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME CURTIS, JOHN M SR STREET ADDRESS 11635 NW 1ST AVENUE CITY-ST-ZIP GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Knabb, Todd L. STREET ADDRESS 7436 Woodlawn Road CITY-ST-ZIP Macclenny, FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME KNABB, TODD L STREET ADDRESS 7436 WOODLAWN RD CITY-ST-ZIP MACCLENNY, FL 32063	<input checked="" type="checkbox"/> Delete		TITLE DST NAME Knabb, Lisa W. STREET ADDRESS 7436 Woodlawn Road CITY-ST-ZIP Macclenny, FL 32063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME RHODEN, THOMAS R STREET ADDRESS 515 SOUTH 6TH ST CITY-ST-ZIP MACCLENNY, FL 32063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 2/7/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					