

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90081 022 ****61.25

DOCUMENT # N04000007833

1. Entity Name
**THE FARMS AT GLEN PLANTATION OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**515 SOUTH 6TH STREET
MACCLENNY, FL 32063**

Mailing Address
**7436 WOODLAWN ROAD
MACCLENNY, FL 32063**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-2489674

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

**BROWN, PA, TERENCE M
486 NORTH TEMPLE AVENUE
STARKE, FL 32091**

Name **Terence M. Brown, PA**

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, 2008**

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 **DP** ☐ Delete
NAME **KNABB, TODD L**
STREET ADDRESS **7436 WOODLAWN ROAD**
CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE **DST** ☐ Delete
NAME **KNABB, LISA W**
STREET ADDRESS **7436 WOODLAWN RD**
CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE **DV** ☐ Delete
NAME **RHODEN, THOMAS R**
STREET ADDRESS **515 SOUTH 6TH ST**
CITY-ST-ZIP **MACCLENNY, 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

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

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd L. Knabb

Date

Daytime Phone #