2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N05000004200

Entity Name: NASSAU - RIVER GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2407 MAYPORT AVE
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

Current Mailing Address:

2407 MAYPORT AVE
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

FEI Number: 26-0269695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEA, JOHN W
2407 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: MARGARET STOREY 03/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHEA, JOHN W
Address: 2407 MAYPORT ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP ( ) Delete
Name: SHEA, TIM G
Address: 2251 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: SEC ( ) Delete
Name: STUBBS, STEPHANIE A
Address: 2407 MAYPORT ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHEA, TIM
Address: 2251 ST. JOHN'S BLUFF ROAD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change ( ) Addition
Name: SHEA, CLINT
Address: 2251 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: S/T (X) Change ( ) Addition
Name: SHEA, JOHN
Address: 2251 ST. JOHN'S BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET STOREY CFO 03/26/2008
Electronic Signature of Signing Officer or Director Date