

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004200

FILED  
Jan 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

FEI Number: 26-0269695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S/T (X) Change ( ) Addition  
Name: STUBBS, STEPHANIE  
Address: 2407 MAYPORT RD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PRES (X) Change ( ) Addition  
Name: SHEA, JOHN  
Address: 2407 MAYPORT RD  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: FIRST COAST ASSOCIATION MANAGMENT

RA

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date