

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004921

FILED
Apr 23, 2008
Secretary of State

Entity Name: GLEN ST. JOHNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9456 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

Current Mailing Address:

9456 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32256

New Mailing Address:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

FEI Number: 26-0197417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEARING, MARK C
9456 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 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: WILLIAM J. RIZZETTA

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAKOSKE, JOHN
Address: 9456 PHILIPS HIGHWAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: DEARING, MARK C
Address: 9456 PHILIPS HIGHWAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: PORTER, ROBERT
Address: 9456 PHILIPS HIGHWAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Delete
Name: RESTALL, SHELBY R ASST.
Address: 9456 PHILIPS HIGHWAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Delete
Name: KNOX, LINNETTE C ASST.
Address: 9456 PHILIPS HIGHWAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PORTER, ROBERT
Address: 9456 PHILIPS HIGHWAY SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN ZAKOSKE

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date