


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

2/ **FILED**
Apr 22, 2008 8:00 am
Secretary of State

02-11-2008 90052 049 ****61.25

DOCUMENT # N07000005942			
1. Entity Name ASPEN GLEN HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1200 S ROGERS CIRCLE SUITE 11 BOCA RATON, FL 33487		Mailing Address 1200 S ROGERS CIRCLE SUITE 11 BOCA RATON, FL 33487	
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
4. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

66007631



01072008 Chg-NP CR2E037 (12/06)

FEI Number **26-2415673** Applied For ☐ Not Applicable ☐

SANDBERG, DONNA M
1200 S ROGERS CIRCLE, #11
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent	
Name	
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 *Donna M Sandberg* (NOTE: Registered Agent signature required when reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
Director Gavin Guinan 1200 S. Rogers Circle #11 Boca Raton, FL 33487			
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
Director Donna M. Sandberg 1200 S. Rogers Circle #11 Boca Raton, FL 33487			
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
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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 an other like empowered.

SIGNATURE: *LEONARD ABANESSE, Director* 1/31/08 561-994-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #