

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2006 8:00 am
Secretary of State

01-17-2006 90261 030 ****61.25

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01042006 Chg-NP CR2E037 (11/05)

DOCUMENT # N11326 1. Entity Name HOMEOWNERS ASSOCIATION OF THE GLEN AT RIVER RIDGE, INC.					
Principal Place of Business PO BOX 924 NEW PORT RICHEY, FL 34656 US			Mailing Address PO BOX 924 NEW PORT RICHEY, FL 34656 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FBI Number 59-2796412	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SNYDER, PHILIP 10212 WIDGEAN WAY NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 <u><i>Philip Snyder</i></u> (Philip Snyder) <u>1/11/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D GEORGI, OTTO 10219 TURKEY OAK DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Georgi, Otto 10219 Turkey Oak Dr New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SNYDER, PHIL 10212 WIDGEON WAY NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Philip Snyder, Philip 10212 Widgeon Way New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NICHOLS, JULIE 7410 CANVASBAEK DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Nichols, Julie 7410 Canvasback Dr New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CELOTTO, THOMAS 10234 WIDGEON WAY NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Celotto, Thomas 10234 Widgeon Way New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, PATRICK 2506 KATHERINE DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALFONSO, DONNA 10228 WIDGEAN WAY NEW PORT RICHEY, FL 34654	<input checked="" 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 all other like empowered.					
SIGNATURE <u><i>Philip Snyder</i></u>				<u>2/24/2006</u> DATE	



ATTACHMENT

66003110

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

HOMEOWNERS ASSOCIATION OF THE GLEN AT RIVER RIDGE, INC.
PO BOX 924
NEW PORT RICHEY, FL 34656 US

Subject: HOMEOWNERS ASSOCIATION OF THE GLEN AT RIVER RIDGE, INC.

Reference Number: N11326

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION