
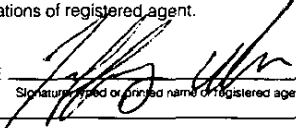
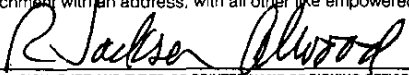


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 024 ****61.25

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 - No P.O. Box # 46 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270 City & State Holiday FL Zip 34691		3. Mailing Address 46 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270 City & State Holiday FL Zip 34691 Country USA	
4. FEI Number 59-2796412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable) 46 Goldstar Management Co 2435 US 19 #270 City Holiday FL Zip Code 34691	
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  Jeffrey Ulm DATE 1/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	VP	<input type="checkbox"/> Delete	
NAME	GEORGI, OTTO		
STREET ADDRESS	10219 TURKEY OAK DR		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	SNYDER, PHIL		
STREET ADDRESS	10212 WIDGEON WAY		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	NICHOLS, JULIE		
STREET ADDRESS	7410 CANVASBAEK DR		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	CELOTTO, THOMAS		
STREET ADDRESS	10234 WIDGEON WAY		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SCOTT, PATRICK		
STREET ADDRESS	2506 KATHERINE DR		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Douglas, Daniel		
STREET ADDRESS	7506 Muscovy Ln		
CITY-ST-ZIP	New Port Richey FL 34654		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Cohen, Maria		
STREET ADDRESS	10319 Widgeon Way		
CITY-ST-ZIP	New Port Richey FL 34654		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Alwood, Jack		
STREET ADDRESS	7343 Canvasback Dr.		
CITY-ST-ZIP	New Port Richey FL 34654		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  Jack Alwood		1/10/07 7279421904	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	