

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 038 ****61.25

DOCUMENT # N11326					
1. Entity Name HOMEOWNERS ASSOCIATION OF THE GLEN AT RIVER RIDGE, INC.					
Principal Place of Business C/O GOLDSTAR MGMT CO 2435 US 19 #270 HOLIDAY, FL 34691 US			Mailing Address C/O GOLDSTAR MGMT CO 2435 US 19 #270 HOLIDAY, FL 34691 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02152008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2796412	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO 2435 US 19 #270 HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 P NAME GEORGI, OTTO STREET ADDRESS 10219 TURKEY OAK DR CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE VP NAME BROOKS, FAITH STREET ADDRESS 7426 SHILOH ST. CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DOUGLAS, DANIEL STREET ADDRESS 7506 MUSCOWY LN CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE T NAME BROOKS, FAITH STREET ADDRESS 7426 SHILOH ST. CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME COHEN, MARIA STREET ADDRESS 10319 WIDGEON WAY CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE P NAME ALWOOD, JACK STREET ADDRESS 7343 CANVASBACK DR CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALWOOD, JACK STREET ADDRESS 7343 CANVASBACK DR CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE D NAME SCOTT, PATRICK STREET ADDRESS 2506 KATHERINE DR CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	
TITLE D NAME SCOTT, PATRICK STREET ADDRESS 2506 KATHERINE DR CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE D NAME BROWN, CHERYL STREET ADDRESS 10139 WIDGEON WAY CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BROWN, CHERYL STREET ADDRESS 10139 WIDGEON WAY CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE D NAME BROWN, CHERYL STREET ADDRESS 10139 WIDGEON WAY CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Change <input checked="" 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: Jack Alwood JACK ALWOOD			2-21-08 727-992-2405		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		