

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90029 041 \*\*\*\*61.25

**DOCUMENT # N24613**

1. Entity Name  
**WORTHINGTON GLEN COMMUNITY ASSOCIATION, INC.  
OF JACKSONVILLE**



Principal Place of Business  
**1740 GRASMERE CT  
JACKSONVILLE, FL 32223**

Mailing Address  
**P.O. BOX 23506  
JACKSONVILLE, FL 32241**

40045000-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, ROBERT K  
1740 GRASMERE CT  
JACKSONVILLE, FL 32223**

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

*Robert K. Kennedy, T Robert K. Kennedy T*

*3-8-08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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  
**P  
CRUSE, LAMAR  
11735 WORDSWORTH COURT  
JACKSONVILLE, FL 32223** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
STAN Michael  
11770 WORDSWORTH CT  
JACKSONVILLE, FL 32223** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, MIKE  
1753 LORD BYRON LANE  
JACKSONVILLE, FL 32223** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEIE ORMAN  
11809 WORDSWORTH CT  
JACKSONVILLE, FL 32223** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
OVERMAN, GLENN  
1723 LORD BYRON LANE  
JACKSONVILLE, FL 32223** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DAVID JONES  
1729 LORD BYRON LN  
JACKSONVILLE, FL 32223** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KENNEDY, ROBERT K  
1740 GRASMERE CT  
JACKSONVILLE, FL 32223** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OK** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WATSON, GINNY  
WORDSWORTH COURT  
JACKSONVILLE, FL 32223** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAMAR DUNCAN  
11801 WORDSWORTH CT  
JACKSONVILLE, FL 32223** ☐ Change ☒ 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:** *Robert K. Kennedy, T Robert K. Kennedy* *3/8/08* *904 292 1026*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #