

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 12, 2009
Secretary of State

DOCUMENT# N95000000775

Entity Name: GLEN POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4197 MISSION TRACE BLVD
TALLAHASSEE, FL 32303**New Principal Place of Business:****Current Mailing Address:**4197 MISSION TRACE BLVD
TALLAHASSEE, FL 32303**New Mailing Address:****FEI Number:** 59-3363895**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WADE, DAVID
4052 REMER CT.
TALLAHASSEE, FL 32303 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: WADE, DAVID
Address: 4052 REMER CT.
City-St-Zip: TALLAHASSEE, FL 32303**Title:** V () Delete
Name: EHRMANN, BRANDIE
Address: 4065 REMER CT.
City-St-Zip: TALLAHASSEE, FL 32303**Title:** T () Delete
Name: CLARK, DAVID
Address: 4064 REMER CT.
City-St-Zip: TALLAHASSEE, FL 32303**Title:** S () Delete
Name: RODDENBERRY, TIFFANY
Address: 4081 REMER CT
City-St-Zip: TALLAHASSEE, FL 32303**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: HILL, ED
Address: 4080 REMER CT
City-St-Zip: TALLAHASSEE, FL 32303**Title:** T (X) Change () Addition
Name: BRABSON, DELLA
Address: 4028 REMBER CT
City-St-Zip: TALLAHASSEE, FL 32303**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELLA BRABSON

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07/12/2009

Electronic Signature of Signing Officer or Director

Date