

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90212 050 ****61.25

DOCUMENT # N96000003076

1. Entity Name
SPENCER'S GLEN OWNERS ASSOCIATION, INC.



Principal Place of Business
**1008 PARK AVENUE
ORANGE PARK, FL 32073**

Mailing Address
**1008 PARK AVENUE
ORANGE PARK, FL 32073 US**



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

3. Mailing Address
767 Blandine Blvd

Suite, Apt. #, etc.
Ste 112

Suite, Apt. #, etc.
Ste 112

01102007 Chg-NP CR2E037 (12/06)

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
59-3381961

Applied For
☐ Not Applicable

Zip
32065

Country
USA

Zip
32065

Country
USA

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

6. Name and Address of Current Registered Agent

**ALLEN-HALL, JANE
REMAX SPECIALIST
1008 PARK AVENUE
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name **Christopher M. Jackson**

Street Address (P.O. Box Number is Not Acceptable)
767 Blandine Blvd

Ste 112

City **ORANGE PARK**

FL

Zip Code **32065**

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

Chris M. Jackson

CMJ

1/10/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **P** ☐ Delete
NAME **CONNAUGHTON, M. PATRICK**
STREET ADDRESS **311 ISLAND VIEW CIR**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **VP** ☐ Delete
NAME **SNYDER, DONNA**
STREET ADDRESS **320 ISLAND VIEW CIR**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **ST** ☐ Delete
NAME **HUGHES, LOIS**
STREET ADDRESS **3024 GOLDEN POND BLVD**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Chris M. Jackson Management

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR