


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90029 004 \*\*\*\*61.25

<b>DOCUMENT # N96000003076</b>					
1. Entity Name <b>SPENCER'S GLEN OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>767 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32065</b>			Mailing Address <b>767 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32065 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3381961</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JACKSON, CHRISTOPHER M 767 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32065</b>				Name <b>CHRISTOPHER M. JACKSON</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>BYERS PROPERTIES, INC.</b>	
				<b>767 BLANDING BLVD. STE 112</b>	
				City <b>ORANGE PARK FL</b>	Zip Code <b>32065</b>
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 <u><i>Christopher M. Jackson, CAM</i></u> <u><i>CHRISTOPHER M. JACKSON</i></u> <u><i>1/22/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete			
NAME	<b>CONNAUGHTON, M. PATRICK</b>				
STREET ADDRESS	<b>311 ISLAND VIEW CIR</b>				
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	<b>SNYDER, DONNA</b>				
STREET ADDRESS	<b>320 ISLAND VIEW CIR</b>				
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	<b>HUGHES, LOIS</b>				
STREET ADDRESS	<b>3024 GOLDEN POND BLVD</b>				
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	<b>JOHN NEEDHAM</b>				
STREET ADDRESS	<b>3027 GOLDEN POND BLVD.</b>				
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u><i>Christopher M. Jackson, CAM</i></u> <u><i>1/22/08 (904) 237-8519</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					