

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90015 040 ****61.25

DOCUMENT # N97000002920

1. Entity Name
GLEN LAUREL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**920 3RD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US**

Mailing Address
**920 3RD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US**

50000482



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0756363

Applied For

Not Applicable

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

**WALLACE, L. DENISE
920 3RD STREET
NEPTUNE BEACH, FL 32266**

Name **JANE ALLEN HALL**
Street Address (P.O. Box Number is Not Acceptable)
1008 PARK AVENUE
ORANGE PARK
City **FL** Zip Code **32073**

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 Jane Allen Hall

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **VD** ☒ Delete
NAME **WALTON, CHARLIE III**
STREET ADDRESS **1680 GLEN LAUREL DR.**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **VP** ☐ Change ☒ Addition
NAME **Dawn Carlson**
STREET ADDRESS **3005 Wavering Lane**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **TD** ☒ Delete
NAME **BROWN, THOMAS**
STREET ADDRESS **1651 GLEN LAUREL DRIVE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **Treas** ☐ Change ☒ Addition
NAME **Adam Hill**
STREET ADDRESS **1756 Glen Laurel Dr**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **PD** ☐ Delete
NAME **HODGSON, DONALD W**
STREET ADDRESS **3905 WAVERING LANE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **Pres** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **TOTH, LINDA**
STREET ADDRESS **1659 GLEN LAUREL DR**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **VP** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GANTEA, ROBERT**
STREET ADDRESS **1552 IRISHWOOD CT**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **SEC** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jane Allen Hall Management
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/06 904-276-0412