


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90198 024 ****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**

60001903



2. Principal Place of Business - No P.O. Box # <i>767 Blanding Blvd</i>		3. Mailing Address <i>767 Blanding Blvd</i>	
Suite, Apt. #, etc. <i>Ste 112</i>		Suite, Apt. #, etc. <i>Ste 112</i>	
City & State <i>ORANGE PARK FL</i>		City & State <i>ORANGE PARK, FL</i>	
Zip <i>32065</i>	Country <i>USA</i>	Zip <i>32065</i>	Country <i>USA</i>

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0756363	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, JANE ALLEN 1008 PARK AVE ORANGE PARK, FL 32073		Name <i>CHRISTOPHER M. JACKSON</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>767 Blanding Blvd</i>	
		City <i>Ste 112</i>	
		City <i>ORANGE PARK</i>	FL

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* CAM *1/16/07*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLSON, DAWN 3008 WAVERING LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, ADAM 1756 GLEN LAUREL DR MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGSON, DONALD W 3905 WAVERING LANE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOTH, LINDA 1659 GLEN LAUREL DR MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GANTEA, ROBERT 1552 IRISHWOOD CT MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Chris M. Jackson Management* *1/16/07* *904-276-2112*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #