

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# N97000004571

Entity Name: JOHNS GLEN ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
STE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

920 THIRD STREET
STE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3472421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, L. DENISE
920 THIRD STREET
STE B
NEPTUNE BEACH, FL 32266 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: 2VD () Delete
Name: BOYER, MICHAEL
Address: 157 JOHNS GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: BERG, MICHAEL
Address: 244 JOHN GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: HORN, PHILLIP
Address: 277 JOHN GLEN
City-St-Zip: JACKSONVILLE, FL 32259

Title: P () Delete
Name: HORN, PHILIP
Address: 277 JOHN GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: 1VP () Delete
Name: CLUTE, LYNN
Address: 253 JOHNS GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BLYAR, RICHARD E
Address: 141 JOHN GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: S (X) Change () Addition
Name: EDWARDS, JANE
Address: 136 JOHN GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: L. DENISE WALLACE

RA

03/27/2009

Electronic Signature of Signing Officer or Director

Date