

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90086 019 ****61.25

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DOCUMENT # N98000000328

1. Entity Name
GLEN LAUREL-NASSAU HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**920 THIRD STREET
STE B
NEPTUNE BEACH FL 32266**

Mailing Address
**920 THIRD STREET
STE B
NEPTUNE BEACH FL 32266**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3457124**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WALLACE, DENISE L
920 THIRD STREET
STE B
NEPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent
Name **L. DENISE WALLACE**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

2/19/03
DATE

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	WAKEFIELD, SERENA	
STREET ADDRESS	9471 BAYMEADOWS ROAD SUITE 403	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ATKERSON, CHARLES F JR	
STREET ADDRESS	9471 BAYMEADOWS ROAD SUITE 403	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SILVERFIELD, GARY	
STREET ADDRESS	4141 SOUTHPOINT DR E STE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	P	<input type="checkbox"/> Delete
NAME	BREEDING, HELEN	
STREET ADDRESS	4141 SOUTHPOINT DR E STE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WILLIAM	
STREET ADDRESS	3368 GLEN LAUREL COURT	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKOX, ALVIN	
STREET ADDRESS	941 SWEETBRIAR LANE S.	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, KENNETH	
STREET ADDRESS	1229 SWEETBRIAR LANE N.	
CITY-ST-ZIP	YULEE, FL 32097	
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 exemption stated in Section 119.07(3)(i), 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: *WILLIAM SCOTT* **WILLIAM SCOTT** **19 FEB 03** **904-757-3539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)