

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

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

04-10-2003 90063 043 \*\*\*\*61.25

**DOCUMENT # N98000002466**

1. Entity Name  
**BRANDON GLENN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**1503 DUNN AVENUE  
JACKSONVILLE FL 32218**

Mailing Address

**1503 DUNN AVENUE  
JACKSONVILLE FL 32218**

2. Principal Place of Business

**4335 BRANDON GLENN CT JACKSONVILLE FL**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32258**

Country

**DUVAL**

Zip

**32258**

Country

**DUVAL**

4. FEI Number **59-3555583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEFFIELD, J. HOWARD  
J. HOWARD SHEFFIELD, P.A.  
4209 BAYMEADOWS RD., STE. 4  
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name **BRYAN J. ROTHIN**

Street Address (P.O. Box Number is Not Acceptable)

**4335 BRANDON GLENN CT**

City **JACKSONVILLE**

FL

Zip Code **32258**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☒ Delete  
NAME **SHEFFIELD, WILLIAM F**  
STREET ADDRESS **1503 DUNN AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VPD** ☒ Delete  
NAME **RICHARDS, GLENN**  
STREET ADDRESS **1503 DUNN AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **STD** ☒ Delete  
NAME **HALL, LINDA**  
STREET ADDRESS **1503 DUNN AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **KELLY RANCOULT**  
STREET ADDRESS **4341 BRANDON GLENN CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **STD** ☒ Change ☐ Addition  
NAME **CAROLE FITZGERALD**  
STREET ADDRESS **12064 BRANDON GLENN TERR**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **TR** ☒ Change ☐ Addition  
NAME **BRYAN ROTHIN**  
STREET ADDRESS **4335 BRANDON GLENN CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

**SIGNATURE REQUIRED**  
**BRYAN J. ROTHIN Treasurer 4/10/03 904465381**

CR2E037 (10/02)