

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004669

Entity Name
**THE GLADES OF CLAY COUNTY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1756 REDWOOD LANE
MIDDLEBURG, FL 32068**

Mailing Address

**1756 REDWOOD LANE
MIDDLEBURG, FL 32068**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOLEN, RUSSELL
1851 THE GLADES ROAD
MIDDLEBURG, FL 32068**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000197396
01/27/05-80010-1017 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOLEN, RUSSELL
STREET ADDRESS 1851 THE GLADES ROAD
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE D
NAME FIORAMONTI, CHRISTINE
STREET ADDRESS 1823 THE GLADES ROAD
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE D
NAME TESCHENDORF, TINA
STREET ADDRESS 1701 REDWOOD LANE
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE O
NAME DOPSON, MARJORIE
STREET ADDRESS 1756 REDWOOD LANE
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 20, 2005

Date

Daytime Phone #