

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002693

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC9981425419**

**Entity Name:** GLEN EAGLE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1403-1 DUNN AVENUE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1403-1 DUNN AVENUE  
JACKSONVILLE, FL 32218

**FEI Number: 80-0039644**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ERA DAN JONES & ASSOCIATES, INC.  
1403-1 DUNN AVENUE  
JACKSONVILLE, FL 32218 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           IRWIN, RICK  
Address        1403-1 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title           VP  
Name           POLISKNOWSKI, JOHN  
Address        1403-1 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title           SC  
Name           KINSEY, MARY  
Address        1403-1 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title           PRESIDENT  
Name           ZIPARO, DAN  
Address        1403-1 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title           TREASURER  
Name           SAINT-JAMES, JENNY  
Address        1403-1 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

*I hereby 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 all other like empowered.*

**SIGNATURE: DAN ZIPARO**

**PRESIDENT**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date