

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000647

**Entity Name:** GLENLAUREL ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC4652382449**

**Current Principal Place of Business:**

1 SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

1 SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE, FL 32257 US

**FEI Number: 45-4303979**

**Certificate of Status Desired: No**

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

DAY, JOHN N  
1 SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE, FL 32257 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            PRESIDENT  
Name            DAY, JOHN N  
Address        1 SAN JOSE PLACE, SUITE 7  
City-State-Zip: JACKSONVILLE FL 32257

Title            VP  
Name            SMITH, VERNON H JR.  
Address        1 SAN JOSE PLACE, SUITE 7  
City-State-Zip: JACKSONVILLE FL 32257

Title            SECRETARY  
Name            DAY, TAYLOR C  
Address        1 SAN JOSE PLACE, SUITE 7  
City-State-Zip: JACKSONVILLE FL 32257

Title            TREASURER  
Name            PASSMORE, DONNA L  
Address        1 SAN JOSE PLACE, SUITE 7  
City-State-Zip: JACKSONVILLE FL 32257

*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: JOHN N DAY**

**04/24/2013**

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

\_\_\_\_\_  
Date