



Companies House
— for the record —

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **15/11/2013**

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Company Name: **COLIN GLEN TRUST**

Company Number: **NI026146**

Date of this return: **31/10/2013**

SIC codes: **81300**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **163 STEWARTSTOWN ROAD
DUNMURRY
BELFAST
BT17 0HW**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **TIM**

Surname: **ATTWOOD**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **30/09/1963**

Nationality: **IRISH**

Occupation: **DIRECTOR**

Company Director 2

Type: **Person**
Full forename(s): **MR TIMOTHY**

Surname: **DUFFY**

Former names:

Service Address: **36 OAKHURST AVENUE
BELFAST
NORTHERN IRELAND
BT10 0PE**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **23/06/1945** *Nationality:* **IRISH**

Occupation: **DIRECTOR**

Company Director **3**

Type: **Person**
Full forename(s): **MR JONATHAN**

Surname: **MC CLUGGAGE**

Former names:

Service Address: **100 BALLYBARNES ROAD
NEWTOWNARDS
CO. DOWN
N. IRELAND
BT23 4TD**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **29/06/1980** *Nationality:* **BRITISH**
Occupation: **CHARTERED ACCOUNTANT**

Company Director **4**

Type: **Person**
Full forename(s): **MR DEREK**

Surname: **MCCALLEN**

Former names:

Service Address: **6 RADEMON CT**
 CROSSGAR
 DOWNPATRICK
 CO DOWN
 BT309NS

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **18/09/1963** *Nationality:* **IRISH**

Occupation: **LOCAL GOVERNMENT**
 DEVELOPMENT DIRECTOR

Company Director **5**

Type: **Person**

Full forename(s): **MRS CHARLENE MARIE**

Surname: **O'HARA**

Former names:

Service Address: **52 BROOM PARK
TWINBROOK
BELFAST
CO ANTRIM
BT17 0DU**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **15/04/1988** *Nationality:* **IRISH**

Occupation: **COUNCILLOR**

Company Director **6**

Type: **Person**

Full forename(s): **MR COLIN**

Surname: **O'NEILL**

Former names:

Service Address: **21 BOG ROAD
BANBRIDGE
COUNTY DOWN
NORTHERN IRELAND
BT32 3NX**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **27/01/1971** *Nationality:* **IRISH**

Occupation: **CHIEF EXECUTIVE**

Company Director 7

Type: **Person**

Full forename(s): **COUNCILLOR JENNIFER**

Surname: **PALMER**

Former names:

Service Address: **18A CULCAVY ROAD
HILLSBOROUGH
COUNTY DOWN
BT26 6JD**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **01/05/1959**

Nationality: **BRITISH**

Occupation: **ELECTED MEMBER**

Company Director 8

Type: **Person**

Full forename(s): **MR DAVID JAMES**

Surname: **RAYMOND**

Former names:

Service Address: **2 GOWAN HEIGHTS
DRUMBEG ROAD
BELFAST
CO ANTRIM
BT17 9LZ**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **16/07/1946** *Nationality:* **BRITISH**

Occupation: **MANAGING DIRECTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.