

FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90153 042 ****70.00

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763613

1. Corporation Name
GLENEAGLES GREEN HOME OWNERS ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 756
NICEVILLE FL 32588
US

Mailing Address
P.O. BOX 756
NICEVILLE FL 32588
US

362023-90153-42 3 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/08/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2397795	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PANNELLI, ROBERT J 111 GLENEAGLES DR NICEVILLE FL 32578				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELNICK, NORBERT			1.2 NAME			
STREET ADDRESS	708 SUNNINGDALE COVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL			1.4 CITY-ST-ZIP			
TITLE	TTSD	<input type="checkbox"/> DELETE		2.1 TITLE	(TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANNELLI, ROBERT			2.2 NAME	PANNELLI, ROBERT		
STREET ADDRESS	111 GLENEAGLES DR			2.3 STREET ADDRESS	111 GLENEAGLES DR,		
CITY-ST-ZIP	NICEVILLE FL			2.4 CITY-ST-ZIP	NICEVILLE, FL 32578		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, ROBERT			3.2 NAME			
STREET ADDRESS	1624 W OAKMONT CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOHYLSKY, PETER			4.2 NAME	BROWNE, BEVERETT		
STREET ADDRESS	112 GLENEAGLES DR			4.3 STREET ADDRESS	151 GLENEAGLES DR.		
CITY-ST-ZIP	NICEVILLE FL			4.4 CITY-ST-ZIP	NICEVILLE, FL 32578		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOERSTER, ROBERT			5.2 NAME	Désport, Nicholas		
STREET ADDRESS	155 GLENEAGLES DR			5.3 STREET ADDRESS	112 GLENEAGLES DR.		
CITY-ST-ZIP	NICEVILLE FL			5.4 CITY-ST-ZIP	NICEVILLE, FL 32578		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: 4-13-99 (850) 897-3613 Daytime Phone #

CR2E037-(4/1/99)