

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90105 014 ****61.25

DOCUMENT # 763613

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 4400 HWY. 20 E. SUITE 313	3. Mailing Address P.O. BOX 5263 Suite, Apt. #, etc.
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City & State NICEVILLE, FL	City & State NICEVILLE, FL	4. FEI Number 59-2397795	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 32578	Country USA	Zip 32578	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANNELI, ROBERT J 111 GLENEAGLES DR NICEVILLE FL 32578		7. Name and Address of New Registered Agent Name DARLANE LANDSBERGER Street Address (P.O. Box Number is Not Acceptable) 4400 HWY 20 E. SUITE 313 City NICEVILLE FL Zip Code 32578	
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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.

SIGNATURE: **Darlane Landsberger** DATE: **APR 26 2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELNICK, NORBERT 708 SUNNINGDALE COVE NICEVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MELNICK, NORBERT 708 SUNNINGDALE COVE NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANNELI, ROBERT 111 GLENEAGLES DR NICEVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D BROWNE, ANNE 151 GLENEAGLES DR. NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOWMAN, ROBERT 1624 W OAKMONT CIR NICEVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, ROBERT 1624 OAKMONT CIRCLE NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROST, URSULA 108 GLENEAGLES DR NICEVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KROST, URSULA 4436 WINDWARD LANE NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILAN, DOREEN 51 GLENEAGLES DR NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDAY, JAMES 129 GLENEAGLES DR. NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, SANDRA 103 GLENEAGLES DR. NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Norbert Melnick** DATE: **APR 30 2002** DAYTIME PHONE #: **897-3190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)