

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N13857** (0)

1. Corporation Name

**GLENEAGLES GOLF VILLAS, INC.**



Principal Place of Business

Mailing Address

2460 SO GLENEAGLES DR  
DELAND FL 32724  
US

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

3. Date Incorporated or Qualified  
**03/17/1986**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2902723**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR.  
SENTRY MANAGEMENT, INC.  
2180 W. STATE RD. 434, STE. 5000  
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, MR. C.	
STREET ADDRESS	2570 S. GLENEAGLES DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, MR. D.	
STREET ADDRESS	2570 SO GLENEAGLES DR	
CITY-ST-ZIP	DELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NIELSEN, MR. E.	
STREET ADDRESS	2500 S. GLENEAGLE DR.	
CITY-ST-ZIP	DELAND FL 32724-8456	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, MRS. B.	
STREET ADDRESS	2540 S. GLENEAGLES DR.	
CITY-ST-ZIP	DELAND FL 32724-8456	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, DR. D.	
STREET ADDRESS	2585 S GLENEAGLES DR.	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	BURNSED, JUDI
4.4 CITY-ST-ZIP	2475 S GLENEAGLES DR DELAND FL 32724
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	KUECHLE, TED
5.4 CITY-ST-ZIP	2590 S GLENEAGLES DR DELAND FL 32724
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *Judi Burnsed* Treasurer

3/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)