

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 32778-5044
US

3. Date Incorporated or Qualified 03/17/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2902723	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	26	29	30

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, MR. C.	12 NAME	WHITE, BETTY
STREET ADDRESS	2570 S. GLENEAGLES DRIVE	1.3 STREET ADDRESS	2450 S GLENEAGLES DR
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DELAND FL 32724-8456
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, MR. D.	2.2 NAME	CALLOWAY, P WAYNE
STREET ADDRESS	2570 SO GLENEAGLES DR	2.3 STREET ADDRESS	2600 S GLENEAGLES DR
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DELAND FL 32724-8456
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, MR. E.	3.2 NAME	
STREET ADDRESS	2500 S. GLENEAGLE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724-8456	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSSED, JUDI	4.2 NAME	BURNSSED, JODI
STREET ADDRESS	2475 S. GLENEAGLES DR.	4.3 STREET ADDRESS	2475 S GLENEAGLES DR
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	DELAND FL 32724-8456
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUECHLE, TED	5.2 NAME	KUECHLE, TED
STREET ADDRESS	2590 S. GLENEAGLES DR.	5.3 STREET ADDRESS	2590 S GLENEAGLES DR
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	DELAND FL 32724-8456
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 do 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.

CR2E037 (9/96)