


3-26-98 B 3808 C  
 FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13857 (0)**  
 1. Corporation Name  
**GLENEAGLES GOLF VILLAS, INC.**



Principal Place of Business <b>2460 SO GLENEAGLES DR DELAND FL 32724 US</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>
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3. Date Incorporated or Qualified  
**03/17/1986**

4. FEI Number  
**59-2902723**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**HART, JAMES W JR.  
 SENTRY MANAGEMENT, INC.  
 2180 W. STATE RD. 434, STE. 5000  
 LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, BETTY</b>	1.2 NAME	
STREET ADDRESS	<b>2450 S. GLENEAGLES DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLOWAY, P. W</b>	2.2 NAME	
STREET ADDRESS	<b>2600 S. GLENEAGLES DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NIELSEN, MR. E.</b>	3.2 NAME	<b>VD</b>
STREET ADDRESS	<b>2500 S. GLENEAGLE DR.</b>	3.3 STREET ADDRESS	<b>BANKER JR, JOHN</b>
CITY-ST-ZIP	<b>DELAND FL 32724-8456</b>	3.4 CITY-ST-ZIP	<b>2440 S GLENEAGLES DR</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNSED, JUDI</b>	4.2 NAME	
STREET ADDRESS	<b>2475 S. GLENEAGLES DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KUECHLE, TED</b>	5.2 NAME	<b>SD</b>
STREET ADDRESS	<b>2590 S. GLENEAGLES DR.</b>	5.3 STREET ADDRESS	<b>MATTHEWS, BEN</b>
CITY-ST-ZIP	<b>DELAND FL</b>	5.4 CITY-ST-ZIP	<b>2410 S GLENEAGLES DR</b>
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	

5.5 NAME	
5.6 STREET ADDRESS	
5.7 CITY-ST-ZIP	
6.5 NAME	
6.6 STREET ADDRESS	
6.7 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.

SIGNATURE: *Joann Burnsed* **JOANN BURNSED** 2-24-98

CP2E037 (10/97)