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May 11, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N13857

1. Corporation Name
GLENEAGLES GOLF VILLAS, INC.

Principal Place of Business
 2460 SO GLENEAGLES DR
 DELAND FL 32724
 US

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/17/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2902723	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24	25	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

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, BETTY			1.2 NAME			
STREET ADDRESS	2450 S. GLENEAGLES DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALLOWAY, P. W			2.2 NAME			
STREET ADDRESS	2600 S. GLENEAGLES DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANKER, JOHN J			3.2 NAME	BANKER, JOHN, JR.		
STREET ADDRESS	2440 S GLENEAGLES DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNSIED, JUDI			4.2 NAME			
STREET ADDRESS	2475 S. GLENEAGLES DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, BEN			5.2 NAME			
STREET ADDRESS	2140 S GLENEAGLES DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	HERTENSTEIN, LOUISE		
STREET ADDRESS				6.3 STREET ADDRESS	2430 S GLENEAGLES DR		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	DELAND FL 32724		

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 all other like empowered.

SIGNATURE: *Judi Burnsied* SIGNATURE REQUIRED *Judi Burnsied* 2-25-99 904-734-1646
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)

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N13857

GLENEAGLES GOLF VILLAS, INC.

		DELETE	ADDITION	CHANGE
TITLE	SD		X	
NAME	HODSON, MARY			
STREET ADDRESS	2565 S GLENEAGLES DR			
CITY ST ZIP	DELAND FL 32724-8456			

		DELETE	ADDITION	CHANGE
TITLE	D		X	
NAME	ROBERSON, ANGIE			
STREET ADDRESS	425 E THIRD ST			
CITY ST ZIP	NEW SMYRNA BEACH FL 32169			

		DELETE	ADDITION	CHANGE
TITLE				
NAME				
STREET ADDRESS				
CITY ST ZIP				

		DELETE	ADDITION	CHANGE
TITLE				
NAME				
STREET ADDRESS				
CITY ST ZIP				

		DELETE	ADDITION	CHANGE
TITLE				
NAME				
STREET ADDRESS				
CITY ST ZIP				

