

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2005  
Secretary of State**

DOCUMENT# N13857

Entity Name: GLENEAGLES GOLF VILLAS, INC.

**Current Principal Place of Business:**

2180 W SR 434  
#5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-2902723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: FOX, ROBERT  
Address: 2485 S GLENEAGLES DR  
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete  
Name: HOEPFL, ROBERT  
Address: 2550 S. GLENEAGLES DR.  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: CLARK, CLYDE  
Address: 2420 S GLENEAGLES DRIVE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: LARGEN, PAT  
Address: 2575 S GLENEAGLES DR.  
City-St-Zip: DELAND, FL 32724

Title: PD ( ) Delete  
Name: HAUN, JAMES  
Address: 2450 S GLENEAGLES DR  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: LARGEN, PAT  
Address: 2575 S GLENEAGLES DR  
City-St-Zip: DELAND, FL 32724

Title: TD (X) Change ( ) Addition  
Name: BAILEY, NORMA  
Address: 2600 S GLENEAGLES DR.  
City-St-Zip: DELAND, FL 32724

Title: D (X) Change ( ) Addition  
Name: OLSON, HARRY  
Address: 2505 S GLENEAGLES DRIVE  
City-St-Zip: DELAND, FL 32724

Title: VPD (X) Change ( ) Addition  
Name: LARGEN, SUSAN  
Address: 2575 S GLENEAGLES DR.  
City-St-Zip: DELAND, FL 32724

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HAUN

PD

04/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date