

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13857

FILED
Apr 28, 2006
Secretary of State

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WIMER, MATT
Address: 2495 S GLENEAGLES DR
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change () Addition
Name: WEST, JANE
Address: 2555 S GLENEAGLES DR
City-St-Zip: DELAND, FL 32724

Title: TD (X) Change () Addition
Name: OLSEN, ROSEMARY
Address: 2505 S GLENEAGLES DRIVE
City-St-Zip: DELAND, FL 32724

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

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 Chapter 119, 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: MATT WIMER

PD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date