

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13857

FILED  
Mar 18, 2008  
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: PD ( ) Delete  
Name: WIMER, MATT  
Address: 2495 S GLENEAGLES DR  
City-St-Zip: DELAND, FL 32724

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

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

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

Title: D ( ) Delete  
Name: GONZALEZ, DONNA  
Address: 2465 S GLENEAGLES DR  
City-St-Zip: DELAND, FL 32724

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

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

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

Title: D (X) Change ( ) Addition  
Name: MOSS, KAREN  
Address: 2515 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 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

03/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date