

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13857

FILED
Mar 11, 2009
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:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

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

Title: D () Delete
Name: MOSS, KAREN
Address: 2515 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: D (X) Change () Addition
Name: WEST, JANE
Address: 2555 S GLENEAGLES DR
City-St-Zip: DELAND, FL 32724

Title: TD (X) Change () Addition
Name: MOSS, KAREN
Address: 2515 S GLENEAGLES DRIVE
City-St-Zip: DELAND, FL 32724

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

Title: D (X) Change () Addition
Name: HONADLE, BARBARA
Address: 2430 S GLENEAGLES DR
City-St-Zip: DELAND, FL 32724

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

03/11/2009

Electronic Signature of Signing Officer or Director

Date