## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13857

Entity Name: GLENEAGLES GOLF VILLAS, INC.

**Current Principal Place of Business:** 

766 N. SUN DRIVE **SUITE 2000** 

LAKE MARY, FL 32746

## **Current Mailing Address:**

766 N. SUN DRIVE **SUITE 2000** LAKE MARY, FL 32746 US

FEI Number: 59-2902723 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BONO AND ASSOCIATES, LLC 766 N. SUN DRIVE **SUITE 2000** LAKE MARY, FL 32746 US

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

**FILED** Apr 24, 2023

**Secretary of State** 

9467143131CC

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

MCCRANIE, DAVID Name Name FICCO, JACQUELINE

766 N. SUN DRIVE 766 N. SUN DRIVE Address Address

**SUITE 2000 SUITE 2000** 

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title **DIRECTOR** Title **DIRECTOR** 

Name OLSEN, ROSEMARY Name HOPKINS, JOHN

Address 766 N. SUN DRIVE Address 766 N. SUN DRIVE

**SUITE 2000 SUITE 2000** 

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title **SECRETARY** WILLIAMS, DON Name Address

766 N. SUN DRIVE **SUITE 2000** 

City-State-Zip: LAKE MARY FL 32746

I hereby 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 all other like empowered.

SIGNATURE: DAVID MCCRANIE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/24/2023