2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 742638

Entity Name: GLENEAGLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2345486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 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: ARNSTON, THERESA A
Address: 402 OLD MILL POND ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: STD ( ) Delete
Name: KINISTON, DONALD D
Address: 1301 LENNOX ROAD EAST
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD ( ) Delete
Name: KANARIS, VICTORIA A
Address: 1107 LENNOX ROAD WEST
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: WITKOWSKI, MARSHA
Address: 301 LENNOX ROAD WEST
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD (X) Change ( ) Addition
Name: KANARIS, VICTORIA A
Address: 1107 LENNOX ROAD WEST
City-St-Zip: PALM HARBOR, FL 34683 US

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: THERESA A. ARNSTON PD 03/29/2009

Electronic Signature of Signing Officer or Director — Date