

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742639

FILED
Apr 06, 2008
Secretary of State

Entity Name: GLENEAGLES CLUSTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

New Mailing Address:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-1075419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

WHETZEL, TERRI B
600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 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:

04/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: EFFRON, GILBERT J
Address: 501 OLD MILL POND RD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD () Delete
Name: RIST, JAMES G
Address: 403 OLD MILL POND ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD () Delete
Name: SUTTLEHAN, DORIS N
Address: 1005 OLD MILL POND ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: PD () Delete
Name: ARNSTON, THERESA A
Address: 402 OLD MILL POND ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD () Delete
Name: GALL, JOHN R JR
Address: 505 OLD MILL POND ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: VAN NOTE, PAUL L
Address: 1001 OLD MILL POND RD
City-St-Zip: PALM HARBOR, FL 34683 US

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

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

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: THERESA A. ARNSTON

PD

04/06/2008

Electronic Signature of Signing Officer or Director

Date