1995

DIVISION OF CORPORATIONS

DOCUMENT # 763813 (7)

1. Corporation Name

GLENEAGLES GREEN HOME OWNERS ASSOCIATION, INC.

95 APR 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 756 NICEVILLE FL 32578	P.O. BOX 756 NICEVILLE FL 32578

3. Date Incorporated or Qualified: 06/08/1982
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2397795 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 P.O. Box 756
22 Suite, Apt. #, etc.
23 City & State: NICEVILLE FL
24 Zip: 32578 25 Country

2a. Mailing Address
26 P.O. Box 756
27 Suite, Apt. #, etc.
28 City & State: NICEVILLE FL
29 Zip: 32578 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEARTS HILKEAN
120 GLENEAGLES DR.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: ROBERT J. PANNELLI
82 Street Address (P.O. Box Number is Not Acceptable): 111 GLENEAGLES DRIVE
83
84 City: NICEVILLE FL 85 Zip Code: 32578

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ROBERT J. PANNELLI TREASURER/SECRETARY — 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	PRESIDENT P/D	☒ Change ☐ Addition
NAME	HILKEMAN, HEARTS	1.2 NAME	NORBERT MELNICK	
STREET ADDRESS	120 GLENEAGLES DR	1.3 STREET ADDRESS	708 SUNNINGDALE COVE	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	2.1 TITLE	VICE PRESIDENT V/D	☒ Change ☐ Addition
NAME	MACGLOTHLIN, MONIQUE	2.2 NAME	BRADLEY HORRISON	
STREET ADDRESS	130 GLENEAGLES DR	2.3 STREET ADDRESS	138 GLENEAGLES DR.	
CITY-ST-ZIP	NICEVILLE, FL 00000	2.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	3.1 TITLE	TREASURER T/S/D	☒ Change ☐ Addition
NAME	BRENNAN, KENNETH	3.2 NAME	ROBERT PANNELLI	
STREET ADDRESS	143 GLENEAGLES DR	3.3 STREET ADDRESS	111 GLENEAGLES DR.	
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WHITLEY, THELMA	4.2 NAME	STANLEY LINDSAY	
STREET ADDRESS	136 GLENEAGLES DR	4.3 STREET ADDRESS	146 GLENEAGLES DR.	
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	QUEDES, BERNARD	5.2 NAME	MICHAEL LIPSEY	
STREET ADDRESS	1325 WINDRUSH CV	5.3 STREET ADDRESS	19 SOUTHWIND CT.	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VP	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KEEFER, DORIS	6.2 NAME	STANLEY CEPNISKA	
STREET ADDRESS	142 GLENEAGLES DRIVE	6.3 STREET ADDRESS	153 GLENEAGLES DR.	
CITY-ST-ZIP	NICEVILLE FL	6.4 CITY-ST-ZIP	NICEVILLE FL 32578	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT J. PANNELLI 4/12/95 904-897-3614 EXT 1152
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #