

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763613

1. Entity Name

GLENEAGLES GREEN HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 756
NICEVILLE FL 32588
US

P.O. BOX 756
NICEVILLE FL 32588-0756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2397795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANNELLI, ROBERT J
111 GLENEAGLES DR
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELNICK, NORBERT 708 SUNNINGDALE COVE NICEVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANNELLI, ROBERT 111 GLENEAGLES DR NICEVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, ROBERT 1624 W OAKMONT CIR NICEVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, EVERETT 151 GLENEAGLES DR NICEVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESPOIT, NICHOLAS 112 GLENEAGLES DR NICEVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROST, URSULA 108 Gleneagles Dr, Niceville, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILAN, DOREEN 112 Gleneagles Dr, Niceville, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850/997-6430 X11



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)