

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 003 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
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| <b>DOCUMENT # 763613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
| <b>1. Entity Name</b><br>GLENEAGLES GREEN HOME OWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
| <b>Principal Place of Business</b><br>150 GLENEAGLES DRIVE<br>NICEVILLE, FL 32578 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                            | <b>Mailing Address</b><br>PO BOX 5021<br>NICEVILLE, FL 32588 US                                                                             |                                                                              |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | <b>3. Mailing Address</b>                                                                  |                                                                                                                                             |                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | Suite, Apt. #, etc.                                                                        |                                                                                                                                             |                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 | City & State                                                                               |                                                                                                                                             | 03272007 Chg-NP CR2E037 (12/06)                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | Country                                                                                    |                                                                                                                                             | <b>4. FEI Number</b><br>59-2397795                                           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                            |                                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                        |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HARRISON, SAMMIE E<br>150 GLENEAGLES DRIVE<br>NICEVILLE, FL 32578                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                              |  |
| <b>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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                           |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                |                                                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>PD</b><br>HARRISON, SAMMIE E<br>150 GLENEAGLES DRIVE<br>NICEVILLE, FL 32578  |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>VD</b><br>BOWMAN, ROBERT W.<br>1624 OAKMONT CIRCLE<br>NICEVILLE, FL 32578    |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>D</b><br>KROSR, KENNETH J.<br>4436 WINDWARD LANE COVE<br>NICEVILLE, FL 32578 |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>D</b><br>THOMPSON, DAVID<br>131 GLENEAGLES DRIVE<br>NICEVILLE, FL 32578      |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Delete <input type="checkbox"/>                                                 |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Delete <input type="checkbox"/>                                                 |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Delete <input type="checkbox"/>                                                 |                                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |                                                                                 |                                                                                            |                                                                                                                                             |                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                            | SAMMIE E HARRISON                                                                                                                           |                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                            | Date: MAR 29, 2006 850-897-6499                                                                                                             |                                                                              |  |