

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002221

FILED
Apr 26, 2007
Secretary of State

Entity Name: GLENEAGLES HOMEOWNERS' ASSOCIATION OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3560295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: ASKEW, ELAINE
Address: 2600 BRANDYWINE CT.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VD () Delete
Name: BATEY, DIANE
Address: PASEO SUIZA 14, PUEBLO TAURO
City-St-Zip: MORGAN GRAN CANARIA SPAIN, UK 35138 UK

Title: SD (X) Delete
Name: RIVERA, LOU-ELLEN
Address: 2514 WEDDINGTON CT.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: TD (X) Delete
Name: BORDAS, TRACEY
Address: 2396 AURORA CT.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Delete
Name: ASKEW, STUART
Address: 2600 BRANDYWINE CT.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D (X) Delete
Name: MARTEL, NORBERTO
Address: 412 7TH ST.
City-St-Zip: UNION CITY, NJ 07087 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: ELAINE ASKEW

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date