

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02118

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE GLENS AT SPRUCE CREEK, INC.

Current Principal Place of Business:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

116 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-2377661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMANN, KARLA
116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168 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: HAWKINS, HOWARD
Address: 1868 SILVER FERN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32128 US

Title: STD () Delete
Name: BAUMANN, KARLA
Address: 205 CANOVA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VD () Delete
Name: JILLSON, KATHY
Address: 1860 SILVER FERN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32128 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:

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: HOWARD HAWKINS

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date