## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # N31623  1. Entity Name GLEN EAGLES (SECOND) HOMEOWNERS ASSOCIATION, INC.								04-04-2005	5 90072 0	11 ****6	1.25			
Principal Place of Business 601 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168			P.O. E	Mailing Address P.O. BOX 182 NEW SMYRNA BEACH, FL 32170 US					* <sub>I</sub>					
2. Principal Place of Business			3. Maili	3. Mailing Address										
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01172005	Chg-NP	CR2E03	7 (10/03)			
City & State			City	City & State				4. FEI Number 59-2967	076			plied For t Applicable		
Zip	0.00	Country	Zip			ıntry			of Status Desired		\$8.75 Add ee Required			
NOEL MIC		and Address of Curr	ent Hegisteroc	Agent.	<del></del> -	Name		~7Name and	Address of New I	Hegistered A	gent ·			
NOEL, MICHAEL 601 GLEN DEVON LANE NEW SMYRNA BEACH, FL 32168						Street Ac	eet 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. If am familiar with, and accept the obligations of registered agent.													
SIGNATURE    Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE														
Filing Fee is \$61.25 9. Election Campaign Fin. Due by May 1, 2005 Trust Fund Contribution								when (einstalling)		DATE		li li		
	_	e is \$61.25	age it divid into it appo	9. Election Ca	ımpaign F	inancing		\$5.00 May Be Added to Fees		Make check				
10.	_	e is \$61.25		9. Election Ca	ımpaign F	inancing		\$5.00 May Bo Added to Fees		Make check Irida Depart	ment of St	ate		
10.  TITLE  NAME  STREEL ADDRESS  CITY-SI-ZIP	PD SWAIN, I 615 GLEI	oe is \$61.25 May 1, 2005 OFFICERS ANI	D DIRECTORS	9. Election Ca	nmpaign F Contributi 11. 111Li NAM STRE	inancing ion.	PD SCHO	\$5.00 May Bo Added to Fees ADDITIONS/CHA DW, VIRGINIA GLENDEVON	Flo	Make check Irida Depart ERS AND DIF	ment of St	ate		
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Horida 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:	:
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MICH.

MICHAEL W. NOEL

March 28, 2005

(386) 427-4058

Date

Daytme Phone #