

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 025 ****61.25

DOCUMENT # N31623 1. Entity Name GLEN EAGLES (SECOND) HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 601 GLENDEVON DRIVE SEE P.O. BOX 182 NEW SMYRNA BEACH, FL 32168 CHANGES NEW SMYRNA BEACH, FL 32170 US BELOW					
2. Principal Place of Business - No P.O. Box 621 GLENDEVON DRIVE Suite, Apt. # etc.		3. Mailing Address 621 GLENDEVON DRIVE Suite, Apt. # etc.		01022007 Chg-NP CR2E037 (12/06)	
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL		4. FEI Number 59-2967076	
Zip 32168-1931		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOEL, MICHAEL 601 GLENDEVON DRIVE → Correct as shown... NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name MICHAEL W. NOEL Street Address (F.O. Box Number is Not Acceptable) 601 GLENDEVON DRIVE City NEW SMYRNA BEACH, FL FL Zip Code 32168-1931	
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.					
SIGNATURE Signature typed or printed name of registered agent and no fee applicable		MICHAEL W. NOEL (NOTE: Registered Agent signature required when nonresident)		04/09/07 DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SCHOW, VIRGINIA 603 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168-1931	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT SCHOW, VIRGINIA U. 603 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168-1931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD ZETKA, JOAN 631 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT ZETKA, JOAN B. 631 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168-1931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD NOEL, MICHAEL 601 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY/TREASURER NOEL, MICHAEL W. 601 GLENDEVON DRIVE NEW SMYRNA BEACH, FL 32168-1931	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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 317, 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		MICHAEL W. NOEL		04/09/07 (386) 427-4058 DATE DAYTIME PHONE #	