

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90028 032 ****61.25

DOCUMENT # N31623

1. Entity Name
**GLEN EAGLES (SECOND) HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**621 GLENDEVON DRIVE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**621 GLENDEVON DRIVE
NEW SMYRNA BEACH, FL 32168 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2967076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOEL, MICHAEL
601 GLEN DEVON LANE
NEW SMYRNA BEACH, FL 32168**

7. Name and Address of New Registered Agent

Name

Street 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **P** ☒ Delete
NAME **SCHOW, VIRGINIA**
STREET ADDRESS **603 GLENDEVON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 321681931**

TITLE **VP** ☐ Delete
NAME **ZETKA, JOAN**
STREET ADDRESS **631 GLENDEVON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **ST** ☐ Delete
NAME **NOEL, MICHAEL**
STREET ADDRESS **601 GLENDEVON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **DANISON, ZAKERY**
STREET ADDRESS **615 GLENDEVON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Michael W. Noel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. NOEL

04/07/08

(386) 427-4058

Date

Daytime Phone #