2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N31623

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

Current Principal Place of Business:

621 GLENDEVON DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

621 GLENDEVON DRIVE
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

5645 JOHNSON LAKE ROAD
DE LEON SPRINGS, FL 32130 US

FEI Number: 59-2967076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WADDICK, LORI
5645 JOHNSON LAKE ROAD
DE LEON SPRINGS, FL 32130 US

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: LORI WADDICK 01/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DANISON, ZAKERY
Address: 615 GLENDEVON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VP ( ) Delete
Name: ZETKA, JOAN
Address: 631 GLENDEVON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST ( ) Delete
Name: NOEL, MICHAEL
Address: 601 GLENDEVON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DANISON, ZAKERY
Address: 615 GLENDEVEON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: ZAK DANISON PRES 01/12/2009
Electronic Signature of Signing Officer or Director Date