

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35487** (0)

1. Corporation Name

GLEN EAGLES AT SPRUCE CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 CESSNA BLVD
SUITE A
DAYTONA BEACH FL 32124
US

100 CESSNA BLVD
SUITE A
DAYTONA BEACH FL 32124
US

3. Date incorporated or Qualified
12/04/1989

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2980947

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMANN, KARLA L
100 CESSNA BOULEVARD
SUITE A
DAYTONA BEACH FL 32124**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HINKLEY, TOM	
STREET ADDRESS	2642 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARY, LIBBY	
STREET ADDRESS	2693 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, JACK	
STREET ADDRESS	2033 KING AIR COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUMMOCK, MARGUERITE	
STREET ADDRESS	2890 BORMAN COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OLSON, TOM	
STREET ADDRESS	2689 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHEESEMAN, DEBBIE	
STREET ADDRESS	2725 SPRUCE CREEK BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Curtis Roberts	
1.3 STREET ADDRESS	2713 Spruce Creek Blvd.	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32124	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Debbie Cheeseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

525-96 (904) 760-5884
Date Daytime Phone #

CR2E037 (12/95)