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**Mar 11 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35487 (0)

1. Corporation Name
GLEN EAGLES AT SPRUCE CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 100 CESSNA BLVD SUITE A DAYTONA BEACH FL 32124 US	Mailing Address 100 CESSNA BLVD SUITE A DAYTONA BEACH FL 32124-6969 US
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3. Date Incorporated or Qualified 12/04/1989	3a. Date of Last Report 04/03/1996
4. FEI Number 59-2980947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HINKLEY, TOM
STREET ADDRESS	2642 SPRUCE CREEK BLVD
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	O <input checked="" type="checkbox"/> DELETE
NAME	CLARY, LIBBY
STREET ADDRESS	2693 SPRUCE CREEK BLVD
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D - Vice President <input type="checkbox"/> DELETE
NAME	PECK, JACK
STREET ADDRESS	2033 KING AIR COURT
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CUMMOCK, MARGUERITE
STREET ADDRESS	2890 BORMAN COURT
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	WRD Director <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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/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 checked="" type="checkbox"/> Addition
2.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Ann Hoffner
2.3 STREET ADDRESS	2898 Malibu Court
2.4 CITY-ST-ZIP	Daytona Beach, FL 32124
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank Bottoms
3.3 STREET ADDRESS	1913 Canadair Court
3.4 CITY-ST-ZIP	Daytona Beach, FL 32124
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3597 (904) 760-5884**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone 0002833

CR2E037 (9/96)