

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|



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 US |
|---|---|

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| Zip | Zip |
| 24 Country | 28 Country |
| 25 | 29 |
| 30 | |

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified 12/04/1989 | | |
| 4. FEI Number 59-2980947 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

| |
|--|
| B1 Name |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3 |
| B4 City |
| B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | Director | <input type="checkbox"/> DELETE |
| NAME | ROBERTS, CURTIS | |
| STREET ADDRESS | 2713 SPRUCE CREEK BLVD | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | President/Director | <input type="checkbox"/> DELETE |
| NAME | HOFFNER, MARY ANN | |
| STREET ADDRESS | 2898 MALIBU COURT | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | PECK, JACK | |
| STREET ADDRESS | 2033 KING AIR COURT | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BOTTOMS, FRANK | |
| STREET ADDRESS | 1913 CANADAIR COURT | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D/Secretary | <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 | Director/Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Thomas Kurpensky | |
| 1.3 STREET ADDRESS | 2694 Spruce Creek Blvd | |
| 1.4 CITY-ST-ZIP | Daytona Bch, FL 32124 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: *Mary Ann Hoffner* President 3-23-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002648

CR2037 (10/97)