

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90184 047 ****61.25

DOCUMENT # N35487

1. Entity Name

GLEN EAGLES AT SPRUCE CREEK HOMEOWNERS ASSOCIATI

Principal Place of Business

Mailing Address

100 CESSNA BLVD
 SUITE A
 DAYTONA BEACH FL 32124
 US

100 CESSNA BLVD
 SUITE A
 DAYTONA BEACH FL 32124-6933
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2980947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	CUMMOCK, MARGE	
STREET ADDRESS	890 BORMAN COURT	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOFFNER, MARY ANN	
STREET ADDRESS	2898 MALIBU COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KURPINSKY, THOMAS	
STREET ADDRESS	2694 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SANDY	
STREET ADDRESS	2713 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHEESEMAN, DEBBIE	
STREET ADDRESS	2725 SPRUCE CREEK BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KURPINSKY, THOMAS		
STREET ADDRESS	2694 SPRUCE CREEK BLVD		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		
TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT KURRIE		
STREET ADDRESS	1786 ROSCOE TURNER TRAIL		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		
TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JAMES PIOSKA		
STREET ADDRESS	2056 COUNTRY CLUB DR.		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		
TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTER GEORGE SIMPSON		
STREET ADDRESS	1925 CANADAIR CT.		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		
TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AIKE BOTTOMS		
STREET ADDRESS	1913 CANADAIR CT.		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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:

JAMES PIOSKA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00

767 7888