2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35487

1. Entity Name

GLEN EAGLES AT SPRUCE CREEK HOMEOWNERS ASSOCIATION, INC.



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

2041 KING AIR CT

DAYTONA BEACH, FL 32128

Mailing Address

2041 KING AIR CT

DAYTONA BEACH, FL 32128

U2



DO NOT WRITE IN THIS SPACE

04172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2980947

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Fee Required

6.	Name and	Address	of Current	Registered	Agent

BALTZ, ALAN 2041 KING AIR CT DAYTONA BEACH, FL 32128

DO NOT WRITE IN THIS SPACE

			•	.•	•
	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	ffice or r	egistered agent, or bott	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agr	ent agnatura	required when reinstating)	OATÉ
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.	g 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXINN, JOAN 2078 COUNTRY CLUB DR. DAYTONA BEACH, FL 32128			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KURRLE, ROBERT 1780 ROSCOE TURNER TRAIL DAYTONA BEACH, FL 32128			* * ;	U00000725330 05/03/07-80019-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BALTZ, ALAN 2041 KING AIR COURT DAYTONA BEACH, FL 32128			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SIMPSON, GEORGE 1925 CANADAIR CT DAYTONA BEACH, FL 32128			IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BOTTOMS, ALICE 1913 CANADAIR CT DAYTONA BEACH, FL 32128				
TITLE NAME				•	•

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS City-ST-ZIP

SIGNATURE AND PRINTED WARD OF SUDJAND OFFICER OR DIRECTOR

4/17/0-

386/372-4854

Daytme Phone #

ALAN J. BALTZ