

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90142 037 \*\*\*\*61.25

**DOCUMENT # N35487**



1. Entity Name  
**GLEN EAGLES AT SPRUCE CREEK HOMEOWNERS ASSOCIATI  
ON, INC.**

Principal Place of Business      Mailing Address  
**100 CESSNA BLVD**      **100 CESSNA BLVD**  
**SUITE A**      **SUTIE A**  
**DAYTONA BEACH FL 32124**      **DAYTONA BEACH FL 32124**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2980947**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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)  
**212-1 CESSNA BLVD**  
City **Daytona Beach** **FL** Zip Code **32122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	AXINN, JOAN	
STREET ADDRESS	2078 COUNTRY CLUB DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KURRLE, ROBERT	
STREET ADDRESS	1780 ROSCOE TURNER TRAIL	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIOSKA, JAMES	
STREET ADDRESS	2056 COUNTRY CLUB DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMPSON, GEORGE	
STREET ADDRESS	1925 CANADAIR CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOTTOMS, ALICE	
STREET ADDRESS	1913 CANADAIR CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **SIGNATURE REQUIRED**

**1-17-03 (3-18) 760-5884**

CR2E037 (10/02)