

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # N35647 (9)
1. Corporation Name

GLEN EAGLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779

3. Date Incorporated or Qualified 12/11/1989
3a. Date of Last Report 05/01/1995

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number 59-2990046
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W
2180 W SR 434
SUITE 50000
LONGWOOD FL 32779

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	TD
NAME	HANNWACKER, MICHAEL	1.2 NAME	
STREET ADDRESS	1505 N GREEN LEAF CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BARRETT, ROBERT	2.2 NAME	
STREET ADDRESS	1511 NATURE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	REISCHMANN, WILLIAM	3.2 NAME	
STREET ADDRESS	1673 EAGLES NEST CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SD
NAME		4.2 NAME	MITCHELL, CHRISTINE
STREET ADDRESS		4.3 STREET ADDRESS	1632 EAGLE NEST CIR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTER SPRINGS FL
TITLE		5.1 TITLE	D
NAME		5.2 NAME	GUARINO, ANTHONY
STREET ADDRESS		5.3 STREET ADDRESS	1652 EAGLE NEST CIR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WINTER SPRINGS FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged or on an attachment with an address.

SIGNATURE: _____ 4-24-96
WILLIAM REISCHMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)