

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35647

1. Entity Name

GLEN EAGLE COMMUNITY ASSOCIATION, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 027 ****61.25

Principal Place of Business

Mailing Address

4030 DIJON DRIVE
ORLANDO FL 32808

4030 DIJON DRIVE
ORLANDO FL 32808-2226

2. Principal Place of Business

312 W. FIRST ST.

3. Mailing Address

P.O. Box 1747

Suite, Apt. #, etc.

SUITE 404

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-2990046

Applied For

Not Applicable

Zip

32771

Country

U.S.A.

Zip

32772-1747

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELIA GORDON PROPERTY MANAGEMENT
4030 DIJON DRIVE
ORLANDO FL 32808

Name ANGELIA GORDON PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

312 W. FIRST ST.

SUITE 404

City SANFORD

FL

Zip Code 32771

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 TD ☐ Delete
NAME HANNWACKER, MICHAEL
STREET ADDRESS 1305 N GREEN LEAF CT
CITY-ST-ZIP WINTER SPRINGS FL

TITLE UP/D ☐ Change ☒ Addition
NAME HERBIN, BRUCE
STREET ADDRESS 1623 EAGLE NEST CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VD ☐ Delete
NAME BARRETT, ROBERT
STREET ADDRESS 1311 NATURE CT
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ST/D ☐ Change ☒ Addition
NAME BAIRD, SCOTT
STREET ADDRESS 1651 EAGLE NEST CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE PD ☐ Delete
NAME REISCHMANN, WILLIAM
STREET ADDRESS 1673 EAGLES NEST CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WALLACE, JOE
STREET ADDRESS 1550 EAGLE NEST CIR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUARINO, ANTHONY
STREET ADDRESS 1652 EAGLE NEST CIR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)