2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N35647

Entity Name: GLEN EAGLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2990046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 S. WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: LOYD, SUE
Address: 1610 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD ( ) Delete
Name: ASH, KATHY
Address: 1519 NATURE COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: CREGAR, ED
Address: 1525 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD ( ) Delete
Name: GUARINO, ANTHONY
Address: 1652 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DT ( ) Delete
Name: MCGINTY, DIANA
Address: 1518 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LOYD, SUE
Address: 1610 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: CREGAR, ED
Address: 1525 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: MCGINTY, DIANA
Address: 1518 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONEY GUARINO PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date