FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90156 012 ****61.25

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

DOCUMENT # N35647

1. Entity Name
GLEN EAGLE COMMUNITY ASSOCIATION, INC.

90066689

Principal Place of Business	Mailing Address
206 ELM AV SANFORD, FL 32771 US	P.O. BOX 1747 SANFORD, FL 32772-1747 US

2. Principal Place of Business	3. Mailing Address
325 S. Westmonte Dr	P.O. Box 1611606
Suite, Apt. #, etc.: Suite 2050	Suite, Apt. #, etc.
City & State: Altamonte Springs FL	City & State: Altamonte Spgs FL
Zip: 32716-1606 Country: USA	Zip: 32716-1606 Country: USA

CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2990046 ☐ Applied For ☐ Not Applicable

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 312 W. FIRST ST. SUITE 404 SANFORD, FL 32771	Name: Margo A. Pfauser Street Address (P.O. Box Number is Not Acceptable): 325 S. Westmonte Dr. Suite 2050 Altamonte Springs FL Zip Code 32714

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: Margo A Pfauser 3/26/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HERDIN, BRUCE 1623 EAGLE WEST CIRCLE WINTER SPRINGS, FL 32708	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAIRD, SCOTT 165 EAGLE WEST CIRCLE WINTER SPRINGS, FL 32708	☐ Delete	DS Bob Holmes 1689 Wingspan Way Winter Springs, FL 32708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REISCHMANN, WILLIAM 1673 EAGLES NEST CIRCLE WINTER SPRINGS, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUARINO, ANTHONY 1652 EAGLE NEST CIR WINTER SPRINGS, FL	☐ Delete	D Ralph Betancourt 716 Glen Eagle Dr Winter Springs, FL 32708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAHLBERG, LEN 1650 EAGLE NEST CR WINTER SPRINGS, FL 32708	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D	☐ Change ☒ Addition

CR2E037 (10/02)

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] 3/29/03 407-766-2021
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #