

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44345

FILED
Apr 22, 2007
Secretary of State

Entity Name: THE ENCLAVE AT GLENEAGLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3080575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
905 E. MARTIN LUTHER KING, JR. DR.
SUITE 570
TARPON SPRINGS, FL 34689 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: PD () Delete
Name: MONTJOY, SCOT
Address: 2136 SUSSEX COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD () Delete
Name: DAVIS, RALPH E
Address: 4155 SETON CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD () Delete
Name: GOSTIAN, NICOLAIE V
Address: 4155 SETON CIR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD () Delete
Name: WEBSTER, JOHN
Address: 2128 SUSSEX COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD (X) Delete
Name: POLING, MATTHEW J
Address: 4132 SETON CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEBSTER, JOHN
Address: 2128 SUSSEX COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD (X) Change () Addition
Name: KEIL, WERNER
Address: 4125 SETON CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD (X) Change () Addition
Name: BURKET, JUDITH A
Address: 4120 SETON CIR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD (X) Change () Addition
Name: ANDREWS, PAUL T
Address: 4113 SETON CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN WEBSTER

PD

04/22/2007

Electronic Signature of Signing Officer or Director

Date