2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N46971

Entity Name: GLENEAGLE TOWNHOMES OF SUNTREE ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3102038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 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: DEBRINO, LOUISE
Address: 371 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

Title: SD ( ) Delete
Name: SCHACHT, MARILYN
Address: 468 PRESTWICK CT
City-St-Zip: MELBOURNE, FL 32940

Title: VPD ( ) Delete
Name: GLADDEN, JAN
Address: 472 PRESTWICK CT
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: MACLELLAN, PETER
Address: 365 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

Title: TD ( ) Delete
Name: SHAW, MARGARET
Address: 373 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAW, PEGGY
Address: 373 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

Title: VPD (X) Change ( ) Addition
Name: BEVIS, JIM
Address: 357 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Change ( ) Addition
Name: SMITH, ROSETTE J
Address: 360 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

Title: TD (X) Change ( ) Addition
Name: GRANBERRY, KENNETH
Address: 456 PRESTWICK CT
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition
Name: BAXTER, JANE
Address: PO BOX 411821
City-St-Zip: MELBOURNE, FL 32941

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: PEGGY SHAW PD 04/12/2006

Electronic Signature of Signing Officer or Director — Date