

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46971

FILED
Mar 13, 2009
Secretary of State

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
SENTRY MANAGEMENT INC
2180 WEST 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: HOOVER, BARBARA
Address: 369 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: HUSEMAN, ROSETTE
Address: 360 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

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

Title: VPD () Delete
Name: BAXTER, JANE
Address: 362 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32941

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: KELLY, JUNE
Address: 460 PRESTWICK CT
City-St-Zip: MELBOURNE, FL 32940

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

Title: TD (X) Change () Addition
Name: MACLELLEN, PETER
Address: 365 KILMARNOCK PL
City-St-Zip: MELBOURNE, FL 32940

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

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: LOUISE DEBRINO

PD

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date