


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005298	
1. Entity Name GLENEAGLES AT LOMOND HILLS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7667 VICTORY LANE DELRAY BEACH, FL 33446 US	Mailing Address 7667 VICTORY LANE DELRAY BEACH, FL 33446 US
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DO NOT WRITE IN THIS SPACE



07112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0773151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEYER, DAVID 16081 LOMOND HILLS TR. DELRAY BEACH, FL 33446

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENEDON, IRVING 16049 LOMOND HILLS TR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOKOS, ANITA 16089 LOMOND HILLS TR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEYER, DAVID 16081 LOMOND HILLS TR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/22/05-800002-009 61.25

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: David Meyer DAVID MEYER TD 7/18/05 216-831-3611
561-495-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR