

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30422

FILED
Mar 16, 2010
Secretary of State

Entity Name: GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

267 DEERWOOD CIR. #A
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

267 DEERWOOD CIR. #A
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0097328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARR, FRANK B
265 DEERWOOD CIRCLE #3
NAPLES, FL 34113 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
Name: PAUL, JOHN B
Address: 267 DEERWOOD CIR., #3
City-St-Zip: NAPLES, FL 34113

Title: VD
Name: POULTER, BRUCE
Address: 269 DEERWOOD CIR #13
City-St-Zip: NAPLES, FL 34113

Title: TD
Name: CARR, FRANK
Address: 265 DEERWOOD CIR., #3
City-St-Zip: NAPLES, FL 34113

Title: SD
Name: CARR, FRANK
Address: 265 DEERWOOD CIRCLE, #3
City-St-Zip: NAPLES, FL 34113

Title: D
Name: DISTLEHORST, LINDA
Address: 269 DEERWOOD CIR #6
City-St-Zip: NAPLES, FL 34113

Title: D
Name: GLENN, LISA
Address: 267 DEERWOOD CIR. #2
City-St-Zip: MAPLES, FL 34113

I hereby 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 all other like empowered.

SIGNATURE: FRANK CARR

SD

03/16/2010

Electronic Signature of Signing Officer or Director

Date