

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90230 047 ****61.25

DOCUMENT # N97000005327

1. Entity Name

GLENEAGLES AT PELICAN SOUND NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS FL 34134**

Mailing Address

**P O BOX 9709
NAPLES FL 34101-9709**

2. Principal Place of Business

GLENEAGLES LINKS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO, FL

City & State

Zip

33928

Country

USA

Zip

Country

4. FEI Number

59-3474304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HART, STEPHEN P
4985 TAMiami TrL EAST
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BARNES, GARY**
STREET ADDRESS **20852 GLENEAGLES LINKS DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **VD** ☐ Delete
NAME **WILLIAMS, LARRY**
STREET ADDRESS **20854 GLENEAGLES LINKS DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DST** ☒ Delete
NAME **POINSETT, DAWN**
STREET ADDRESS **20843 GLENEAGLES LINKS DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DST**
STREET ADDRESS **Ruth OVERHEW**
CITY-ST-ZIP **4631 GLENEAGLES LINKS DR.
ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
GARY BARNES

4/15/03

239-948-2661

CR2E037 (10/02)