2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30422

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

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104 US

FEI Number: 65-0097328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
2685 HORSESHOE DR. S.
 #215
NAPLES, FL 34104 US

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: ROBERT ROSENOW   04/06/2020

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	DIRECTOR		Title	PRESIDENT
Name	BASSO, DIANE		Name	WILSON, JOHN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215		Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104		City-State-Zip:	NAPLES FL 34104
Title	VP		Title	SECRETARY
Name	ROBERT, JENNINGS		Name	ROSE, PAMELA
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215		Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104		City-State-Zip:	NAPLES FL 34104
Title	TREASURER			
Name	BOVINO, PATRICIA			
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215			
City-State-Zip:	NAPLES FL 34104			

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: JOHN WILSON   PRESIDENT   04/06/2020

Electronic Signature of Signing Officer/Director Detail   Date