

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 029 ****61.25

DOCUMENT # 760650

1. Entity Name
**GLENEAGLES CONDOMINIUM ASSOCIATION NO. 1 OF
PALM HARBOR, INC.**



Principal Place of Business
**3060 ALTERNATE 19 NORTH
B-15
PALM HARBOR, FL 34683-1929 US**

Mailing Address
**3060 ALTERNATE 19 NORTH
B-15
PALM HARBOR, FL 34683-1929 US**

60029146



2. Principal Place of Business
40347 US 19 N

3. Mailing Address
40347 US 19 N

Suite, Apt. #, etc.
229

Suite, Apt. #, etc.
229

04132006 Chg-NP CR2E037 (11/05)

City & State
Tarpon Springs FL

City & State
Tarpon Springs FL

4. FEI Number
59-2284310

Applied For
Not Applicable

Zip
34689

Country
USA

Zip
34689

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHETZEL, TERRI B
3060 ALTERNATE 19 NORTH
B-15
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name **RANALLO, JIM**

Street Address (P.O. Box Number is Not Acceptable)
40347 US 19 N

STE 229

City **Tarpon Springs**

FL

Zip Code
34689

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **SD** ☒ Delete
NAME **WINSLOW, CHRISTINE L**
STREET ADDRESS **504 LENNOX ROAD WEST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **PD** ☐ Delete
NAME **LURZ, PAUL E**
STREET ADDRESS **503 LENNOX ROAD WEST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **VPD** ☐ Delete
NAME **TESI, RAYMOND J**
STREET ADDRESS **207 LENNOX ROAD WEST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☒ Delete
NAME **WEST, BETTY L**
STREET ADDRESS **2003 LENNOX ROAD EAST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **TD** ☐ Delete
NAME **KINISTON, DONALD D**
STREET ADDRESS **1301 LENNOX ROAD EAST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☒ Delete
NAME **MARING, LEO E**
STREET ADDRESS **501 LENNOX ROAD WEST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Change ☒ Addition
NAME **WITKOWSKI, MARSHA**
STREET ADDRESS **301 LENNOX ROAD WEST**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

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

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 exemptions contained 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 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:

Paul E. Maring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

727-938-7730

Daytime Phone #