

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 007 ****61.25

DOCUMENT # 760650

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



Principal Place of Business	Mailing Address
40347 US 19 N 229 PALM HARBOR, FL 34683-1929 US	40347 US 19 N 229 PALM HARBOR, FL 34683-1929 US

60045494



07212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2284310	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RANALLO, JIM
40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	WITKOWSKI, MARSHA
STREET ADDRESS	901 LENNOX RD W
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD
NAME	LURZ, PAUL E
STREET ADDRESS	503 LENNOX ROAD WEST
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VPD
NAME	TESI, RAYMOND J
STREET ADDRESS	207 LENNOX ROAD WEST
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *J. L. Ranallo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08 *727-938-7730*
Date Daytime Phone #