

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 004 ****61.25

DOCUMENT # N29461

1. Entity Name
GLENEAGLES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2681 AIRPORT RD S., STE C-101
NAPLES, FL 34102**

Mailing Address
**2681 AIRPORT RD S., STE C-101
NAPLES, FL 34102**

40005025



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0084419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOANIDES, JOHN C CPA
2681 AIRPORT RD S., STE C-101
NAPLES, FL 34112**

**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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GLENN, LEONARD
212 DEERWOOD CIR
NAPLES, FL 34113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRUNKER, BUDDY
2087 DEERWOOD CIRCLE, #1
NAPLES, FL 34113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FITZPATRICK, ANN
212 DEERWOOD CIRCLE, #8
NAPLES, FL 34113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #