## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

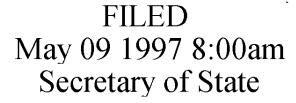
N30422

(2)

GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Principal Place of Business

Mailing Address





267 DEERWOO NAPLES FL 36		3		267 DEERWOOD CIR. #A NAPLES FL 34113-8991											
							3.	Date Incorp 01/3	oorated or Qua 0/1989	alified	3a. Date o 05	f Last Ro /01/19	eport 96		
	lace of Business	2a. Mailing Address				4.	FEI Numbe	007220			Ap	plied For	1		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.										t Applicable	┨	
22			j	27			5.	Certificate	of Status Desir	ed [	□ \$	<b>6.75</b> / Fee Re	Additional	l	
City & State	е		City & State			6.	Election Ca	mpaign Finan	cina			May Be	1		
23				28			,	Trust Fund Contribution				☐ Added to Fees			
Zip	<b>├</b> ──	Country	Zip	h-n h-n			,	8. This corporation has liability for inlangible tax under s. 199.032						1	
24 25 9. Name and Address of Current I			29				Florida Statutes Yes No  10. Name and Address of New Registered Agent							4	
<del></del>	g. Hamouna	Tudios of Carroll	nogistored	Agont		81 Name		/ A	Address of N	ew Regit	stered Agei	nt		┨	
DE PEV	v, Theresa	•					4,40	K	KEN	PA	<b>F/C</b> _		4		
	ERWOOD CIR.					82 Super	Audress (I	S Box Nur	mber is Not Ac	certuble	Circ	. =	† <b>'3</b>		
#4					Ī	83				<b></b>			<u> </u>	1	
NAPLES	S FL 88962" .	34112			ŀ	84 City	4 / 3 4	. >			lo.	Zin (	^oda	┨	
-11-5				·			VAP		7		FL °	3	4113	]	
11. Pursuant i office or re	to the provisions o egistered agent, o	of Sections 617.0502 or both, in the State of	? and 617.15 of Florida. Si	508, Florida Statut uch change was :	es, the ab authorized	ove-named by the col	l corporation poration	n submits the oard of dire	is statement for	or the pur	pose of cha	nging its	s registered	1	
agent. I a	m familiar with, an	d accept the obliga	tions of, Sec	tion 617.0503, Fl	orida Statı	utes.							_	1	
SIGNATURE	Signature, prod or print	ed name of registered agen	t and the if and	icable (NOI	L: Bozistered	Anoni signatu	e required when	reinstating)	·· · · · · · · · · · · · · · · · · · ·	4 - '	<u>25 ·</u>	796	,		
12.	7	OFFICERS AND			18.	rigent eignase			CHANGES 1C	OFFICE	RS AND DIF	RECTOR	S IN 12	10	
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NAME	PERICO, ANTHONY					ME	90 A	レプ	プレス	sto	Ŋ.			12	
STREET ADDRESS				1. <b>3</b> S			269	De	er wo	04	Cin:	# /	つ	15	
CITY-ST-ZIP	NAPLES FL			DELETE		Y-ST-ZIP	NAI	P T E	<u>s, 71</u>				<b>t</b> -3	Įβ	
TITLE NAME	vd Turilli, du	II NO		☐ DELETE	2.1 TiT		mer	45 / Z		00	•	Change	Addition	١٢	
STREET ADDRESS		OOD CIR #2				2.2 NAME  2.3 STREET ADDRESS		K 77.	KEM enwo		R	40	,		
CATY-ST-ZIP	NAPLES FL	000 0111 #E					1/10		ورسم	<i>0</i>		T .5	•	١	
TITLE	\$D M DELETE					2.4 CITY-ST-ZIP WAPLES				· ·		Change	Addition	1	
NAME	YOUNG, JEAN					ME								1	
STREET ADDRESS		00D CIR #14		3.3											
CITY-ST-ZIP	NAPLES FL				————	TY+\$T-ZIP							***		
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NAME	HUMBLE, O	WEN		P. Carrie	5.2 NA						<b>L</b>	стапур	L_ Address		
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				6.4 CiT	Y-ST-ZIP									

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CHARLES HIS INDESCRIBER IN