

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N30422** (2)

1. Corporation Name

GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.



Principal Place of Business 267 DEERWOOD CIR. #A NAPLES FL 34113 US	Mailing Address 267 DEERWOOD CIR. #A NAPLES FL 33962
---	--

3. Date Incorporated or Qualified 01/30/1989
4. FEI Number 65-0097328
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KEMPER, JACK 269 DEERWOOD CIR #3 NAPLES FL 34113	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jack Kemper* **4-1-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	PERICO, ANTHONY
STREET ADDRESS	265 DEERWOOD CIR #5
CITY-ST-ZIP	NAPLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TURILLI, DULIO
STREET ADDRESS	265 DEERWOOD CIR #2
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	THURSTON, JOAN
STREET ADDRESS	269 DEERWOOD CIR #12
CITY-ST-ZIP	NAPLES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DE PEW, THERESA
STREET ADDRESS	269 DEERWOOD CIR #4
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KEMPER, JACK
STREET ADDRESS	269 DEERWOOD CIR #3
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V. Pres. Edward Rodi
1.3 STREET ADDRESS	365-1 Deerwood Circle
1.4 CITY-ST-ZIP	NAPLES, FL 34113
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Jack Kemper* **4-1-98** **937-848-2520**

CR2E037 (1097)