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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30422**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/30/1989

4. FEI Number

65-0097328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

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* JACK KEMPER, TREASURER

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME RODI, EDWARD  
STREET ADDRESS 265-1 DEERWOOD CIR  
CITY-ST-ZIP NAPLES FL 34113

TITLE VD ☒ DELETE

NAME TURILLI, DUILIO  
STREET ADDRESS 265 DEERWOOD CIR #2  
CITY-ST-ZIP NAPLES FL

TITLE SD ☒ DELETE

NAME THURSTON, JOAN  
STREET ADDRESS 269 DEERWOOD CIR #12  
CITY-ST-ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME DE PEW, THERESA  
STREET ADDRESS 269 DEERWOOD CIR #4  
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE

NAME KEMPER, JACK  
STREET ADDRESS 269 DEERWOOD CIR #3  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME POUNCE MUSGRAVE  
2.3 STREET ADDRESS 269 DEERWOOD CIR. #5  
2.4 CITY-ST-ZIP NAPLES, FL 34113

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME VICKI SCHWARK  
3.3 STREET ADDRESS 267 DEERWOOD CIR. #11  
3.4 CITY-ST-ZIP NAPLES FL 34113

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Jack Kemper* SIGNATURE REQUIRED KEMPER 3-15-99 941-732-1865