

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0094946

**DOCUMENT # N30422**

1. Entity Name

**GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.**

03-06-2002 90037 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**267 DEERWOOD CIR. #A  
 NAPLES FL 34113  
 US**

**267 DEERWOOD CIR. #A  
 NAPLES FL 33962**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0097328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REILLY, ROBERTA  
 269 DEERWOOD CIR #8  
 NAPLES FL 34113**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
 NAME **RODI, EDWARD**  
 STREET ADDRESS **265-1 DEERWOOD CIR**  
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **POULTER, BRUCE**  
 STREET ADDRESS **269 DEERWOOD CIR #13**  
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **POULTER, BRUCE**  
 STREET ADDRESS **269 DEERWOOD CIR #13**  
 CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **SD** ☐ Delete  
 NAME **SCHWARK, VICKI**  
 STREET ADDRESS **267 DEERWOOD CIR #11**  
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☒ Delete  
 NAME **DE PEW, THERESA**  
 STREET ADDRESS **269 DEERWOOD CIR #4**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **REILLY, ROBERTA**  
 STREET ADDRESS **269 DEERWOOD CIR #8**  
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
 NAME **KRESGE, ROBERT**  
 STREET ADDRESS **267-DEERWOOD CIR #5**  
 CITY-ST-ZIP **NAPLES, FL 34113**

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:

**Robert Reilly**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02 774-9267**

Date

Daytime Phone #

CR2E037 (9/01)