


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

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30422</b> 1. Entity Name <b>GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.</b>	
--	---

Principal Place of Business <b>267 DEERWOOD CIR. #A NAPLES, FL 34113 US</b>	Mailing Address <b>267 DEERWOOD CIR. #A NAPLES, FL 33962</b>
--	---

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0097328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FUCCILLO, RONALD 265 DEERWOOD CIRCLE #8 NAPLES, FL 34113</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000208484</b> <b>02/01/05-80085-014 61.25</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIAMPA, ROBERT 265 DEERWOOD CIR. #13 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POULTER, BRUCE 269 DEERWOOD CIR #13 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARK, VICKI 267 DEERWOOD CIR #11 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CARR, FRANK 265 DEERWOOD CIRCLE, #3 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUCCILLO, RON 265 DEERWOOD CIR. #8 NAPLES, FL 34113
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:** *R. A. Fuccillo* **1/28/05** **239-417-2228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #