

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 017 ****61.25



DOCUMENT # N30422
 1. Entity Name
GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.

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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number **65-0097328** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FUCCILLO, RONALD
265 DEERWOOD CIRCLE #6
NAPLES FL 34113

7. Name and Address of New Registered Agent
 Name **Linda H Distlehorst**
 Street Address (P.O. Box Number is Not Acceptable) **269 Deerwood Circle # 6**
 City **Naples** FL Zip Code **34113**

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. **Linda H. Distlehorst**
 SIGNATURE **Linda H. Distlehorst, Secretary/Manager** **March 6, 2007**
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PAUL, JOHN B	
STREET ADDRESS	267 DEERWOOD CIR., #3	
CITY ST ZIP	NAPLES FL 34113	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POULTER, BRUCE	
STREET ADDRESS	269 DEERWOOD CIR #13	
CITY ST ZIP	NAPLES FL 34113	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DISTLEHORST, LINDA	
STREET ADDRESS	269 DEERWOOD CIR., #6	
CITY ST ZIP	NAPLES FL 34113	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CARR, FRANK	
STREET ADDRESS	265 DEERWOOD CIRCLE, #3	
CITY ST ZIP	NAPLES FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FUCCILLO, RON	
STREET ADDRESS	265 DEERWOOD CIR. #6	
CITY ST ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul John B	
STREET ADDRESS	267 Deerwood Circle # 3	
CITY ST ZIP	Naples FL 34113	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poulter Bruce	
STREET ADDRESS	269 Deerwood Circle # 13	
CITY ST ZIP	Naples FL 34113	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Distlehorst Linda	
STREET ADDRESS	269 Deerwood Circle # 6	
CITY ST ZIP	Naples FL 34113	
TITLE	AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carr Frank	
STREET ADDRESS	265 Deerwood Circle # 3	
CITY ST ZIP	Naples FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Linda H. Distlehorst** **Linda H. Distlehorst** **March 6, 2007** **239-775-4602**