2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N30422

Entity Name: GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

267 DEERWOOD CIR. #A
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

267 DEERWOOD CIR. #A
NAPLES, FL 33962

New Mailing Address:

267 DEERWOOD CIR. #A
NAPLES, FL 34113 US

FEI Number: 65-0097328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DISTLEHORST, LINDA H
269 DEERWOOD CIRCLE #6
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAUL, JOHN B
Address: 267 DEERWOOD CIR., #3
City-St-Zip: NAPLES, FL 34113

Title: VD ( ) Delete
Name: POULTER, BRUCE
Address: 269 DEERWOOD CIR #13
City-St-Zip: NAPLES, FL 34113

Title: STD ( ) Delete
Name: DISTLEHORST, LINDA
Address: 269 DEERWOOD CIR., #6
City-St-Zip: NAPLES, FL 34113

Title: ATD ( ) Delete
Name: CARR, FRANK
Address: 265 DEERWOOD CIRCLE, #3
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) Delete
Name: FUCCILLO, RON
Address: 265 DEERWOOD CIR. #6
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: O'MARA, PHIL
Address: 265 DEERWOOD CIR. #5
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA H. DISTLEHORST STD 03/31/2008

Electronic Signature of Signing Officer or Director Date