2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N30422

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

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROSENOW, ROBERT
2685 HORSESHOE DRIVE SOUTH
STE 215
NAPLES, FL 34104 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: P
Name: PAUL, BARRY
Address: 267 DEERWOOD CIRCLE #3
City-St-Zip: NAPLES, FL 34113

Title: VP
Name: POULTER, BRUCE
Address: 269 DEERWOOD CIRCLE #13
City-St-Zip: NAPLES, FL 34113

Title: S/T
Name: BOVINO, PATRECIA
Address: 265 DEERWOOD CIRCLE # 14
City-St-Zip: NAPLES, FL 34113

Title: D
Name: DISTLEHORST, LINDA
Address: 269 DEERWOOD CIRCLE #6
City-St-Zip: NAPLES, FL 34113

Title: D
Name: DELBRIDGE, BEV
Address: 11 SHADOW LANE
City-St-Zip: EXETER, ONTARIO CANADA, CA NOM 1S1

I hereby 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 all other like empowered.

SIGNATURE: BARRY PAUL P 04/12/2012

Electronic Signature of Signing Officer or Director Date