

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90680 045 ****61.25

DOCUMENT # N30422

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

Name

RONALD A. FUCCILLO

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

265 DEERWOOD CIRCLE #6

NAPLES

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.

SIGNATURE

R. G. Fuccillo

3.13.03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RODI, EDWARD	
STREET ADDRESS	265-1 DEERWOOD CIR	
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	SCHWARK, VICKI	
STREET ADDRESS	267 DEERWOOD CIR #11	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KRESGE, ROBERT	
STREET ADDRESS	267-DEERWOOD CIR #5	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REILLY, ROBERTA	
STREET ADDRESS	269 DEERWOOD CIR #8	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMPA, ROBERT	
STREET ADDRESS	265 DEERWOOD CIR #13	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, THOMAS	
STREET ADDRESS	265 DEERWOOD CIR #2	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCCILLO, RON	
STREET ADDRESS	265 DEERWOOD CIR #6	
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 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:

SIGNATURE REQUIRED

3.13.03

239-417-2226

CR2E037 (10/02)