

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

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90040 041 \*\*\*\*61.25

**DOCUMENT # N30551**

1. Entity Name  
**GLENEAGLES III CONDOMINIUM ASSOCIATION OF  
NAPLES, INC.**



Principal Place of Business  
2681 AIRPORT RD., S.  
C-1010  
NAPLES, FL 34112

Mailing Address  
2681 AIRPORT RD., S.  
C-1010  
NAPLES, FL 34112

**40005960**



01202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0100935** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOANIDES, JOHN C SPA  
2681 AIRPORT RD., S.  
SUITE C-101  
NAPLES, FL 34112

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **FARQUHARSON, BRUCE**  
STREET ADDRESS **252 DEERWOOD CIR., #2**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D**  
NAME **ALEXANDER, ROSS**  
STREET ADDRESS **252 DEERWOOD CIR., #2**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **P**  
NAME **POLTROCK, GERALD**  
STREET ADDRESS **256 DEERWOOD CIR., #8**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_