

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30551

FILED
Apr 26, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

7345 DAVIS BLVD.
2
NAPLES, FL 34104

Current Mailing Address:

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

New Mailing Address:

7345 DAVIS BLVD.
2
NAPLES, FL 34104

FEI Number: 65-0100935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOANIDES, JOHN C CPA
7345 DAVIS BLVD.
2
NAPLES, FL 34104 US

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: JOHN C JOANIDES

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARQUHARSON, BRUCE
Address: 252 DEERWOOD CIR., #2
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: ALEXANDER, ROSS
Address: 252 DEERWOOD CIR., #2
City-St-Zip: NAPLES, FL 34113

Title: P () Delete
Name: POLTROCK, GERALD
Address: 256 DEERWOOD CIR., #8
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: P (X) Change () Addition
Name: ALEXANDER, ROSS
Address: 256 DEERWOOD CIR., #8
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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: R ALEXANDER

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date