

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32485

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: GLENEAGLES COMMONS ASSOCIATION, INC.

**Current Principal Place of Business:**

7345 DAVIS BLVD.  
2  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

7345 DAVIS BLVD.  
2  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 65-0134655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOANIDES, JOHN CPA  
7345 DAVIS BLVD.  
2  
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: DP ( ) Delete  
Name: PRICKETT, GERALD  
Address: 16 QUILAN AVENUE  
City-St-Zip: STATEN ISLAND, NY 10314

Title: D ( ) Delete  
Name: BRUMLE, BUDDY  
Address: 208 DEERWOOD CIRCLE #1  
City-St-Zip: NAPLES, FL 34113

Title: DV ( ) Delete  
Name: ALEXANDER, ROSS  
Address: 254 DEERWOOD CIRCLE #1  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: PORTER, BRUCE  
Address: 269 DEERWOOD CIRCLE #1  
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:

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: GERALD PRICKETT

DP

04/20/2007

Electronic Signature of Signing Officer or Director

Date