

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIV  
MAR 02 1998  
1152001000

DOCUMENT # N39323  
1. Corporation Name  
GLEN EAGLE GOLF & COUNTRY CLUB, INC.

Principal Place of Business Mailing Address  
1152 Goodlette Rd.  
Naples, FL 34102

3. Date Incorporated or Qualified  
August 1, 1990  
4. FEI Number  
65-0217318  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent  
81 Name James Tackett  
82 Street Address (P.O. Box Number Is Not Acceptable) 1152 Goodlette Rd.  
83  
84 City Naples FL 85 Zip Code 34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when registering) DATE 2-6-98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	GLEN EAGLE
STREET ADDRESS	INVOICE
CITY-ST-ZIP	DATE 2/6 DUE DATE NE 7 30
TITLE	<input type="checkbox"/> DELETE
NAME	APPR. BY <i>[Signature]</i>
STREET ADDRESS	INV. AMT. 61.25
CITY-ST-ZIP	AMT. 61.25 ACCT. # 71050-100
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Tackett	
1.3 STREET ADDRESS	1152 Goodlette Rd.	
1.4 CITY-ST-ZIP	Naples, FL 34102	
2.1 TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Wallace	
2.3 STREET ADDRESS	1152 Goodlette Rd.	
2.4 CITY-ST-ZIP	Naples, FL 34102	
3.1 TITLE	S/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cora Difiore	
3.3 STREET ADDRESS	1152 Goodlette Rd.	
3.4 CITY-ST-ZIP	Naples, FL 34102	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800002463058	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/20/98--01020--008	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE: *[Signature]* DATE 2-6-98 DAYTIME PHONE #

CP2E037 (10/97)