

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N39323

Entity Name: GLEN EAGLE GOLF & COUNTRY CLUB, INC.

**Current Principal Place of Business:**

1403 GLEN EAGLE BOULEVARD  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

3300 UNIVERSITY DR., #001  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-0217318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIFIORE, CORA  
3300 UNIVERSITY DRIVE, #001  
CORAL SPRINGS, FL 33065 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: STD ( ) Delete  
Name: DIFIORE, CORA  
Address: 3300 UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: TD ( ) Delete  
Name: THRON, DANIEL R  
Address: 1403 GLEN EAGLE BOULEVARD  
City-St-Zip: NAPLES, FL 34104 US

Title: PD ( ) Delete  
Name: SCHNEIDERMAN, MARC  
Address: 1403 GLEN EAGLE BLVD  
City-St-Zip: NAPLES, FL 34104

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORA DIFIORE

STD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date