
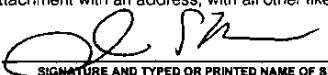


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 013 ****61.25

| | | | | | |
|--|-----------------------|--|---|--|-----------------------|
| DOCUMENT # N39323 | | | |  | |
| 1. Entity Name GLEN EAGLE GOLF & COUNTRY CLUB, INC. | | | | | |
| Principal Place of Business 1403 GLEN EAGLE BOULEVARD NAPLES, FL 34104 US | | | Mailing Address 1403 GLEN EAGLE BOULEVARD NAPLES, FL 34104 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0217318 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BEERS, JONATHAN 1403 GLEN EAGLE BLVD. NAPLES, FL 34104 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GAFFNEY, RICHARD | | NAME | | |
| STREET ADDRESS | 1403 GLEN EAGLE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PETTITT, KAY | | NAME | | |
| STREET ADDRESS | 1403 GLEN EAGLE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | |
| TITLE | TD - | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TRAVIS, GERARD | | NAME | | |
| STREET ADDRESS | 1403 GLEN EAGLE BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MARTELL, ROBERT | | NAME | Walters, Barbara | |
| STREET ADDRESS | 1403 GLEN EAGLE BLVD. | | STREET ADDRESS | 1403 Glen Eagle Blvd | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | Naples FL 34104 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BALCOM, MARY | | NAME | Balcom, Mary | |
| STREET ADDRESS | 1403 GLEN EAGLE BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PECORILLI, TOM | | NAME | Will Kallen back | |
| STREET ADDRESS | 1403 GLEN EAGLE BLVD. | | STREET ADDRESS | 1403 Glen Eagle Blvd | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | CITY-ST-ZIP | Naples FL 34104 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | | Jonathan Beers | | 3/27/06 (239)352-9103 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |