

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 038 ****61.25

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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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAFFNEY, RICHARD			NAME	Richard Boyen
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	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTITT, KAY			NAME	Crawford Paul
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	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVIS, GERARD			NAME	Travis, Martin
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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, BARBARA			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	SD	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALCOM, MARY			NAME	Martell, Robert
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 checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKALTEN, BACK			NAME	Gregory, Richard
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:				Date: 3/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 239-221-3992	