

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005327

FILED
Apr 25, 2005
Secretary of State

Entity Name: GLENEAGLES AT PELICAN SOUND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

GLENEAGLES LINKS DR
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

P O BOX 9709
NAPLES, FL 341019709

New Mailing Address:

FEI Number: 59-3474304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 TAMiami TrL EAST
NAPLES, FL 34113 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: BARNES, GARY
Address: 20852 GLENEAGLES LINKS DRIVE
City-St-Zip: ESTERO, FL 33928

Title: VD () Delete
Name: WILLIAMS, LARRY
Address: 20854 GLENEAGLES LINKS DRIVE
City-St-Zip: ESTERO, FL 33928

Title: DST () Delete
Name: OVERHEU, RUTH
Address: 4631 GLENEAGLES LINKS DR
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change () Addition
Name: STREICHER, BARBARA
Address: 20824 GLENEAGLES LINKS DR
City-St-Zip: ESTERO, FL 33928

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: GARY BARNES

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date