2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005327

FILED Apr 26, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

GLENEAGLES LINKS DR ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

P O BOX 9709 NAPLES, FL 341019709

FEI Number: 59-3474304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, STEPHEN P 4985 TAMIAMI TRL EAST NAPLES, FL 34113 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: BARNES, GARY Name: CLEMONS, ROBERT

Address: 20852 GLENEAGLES LINKS DRIVE Address: 4661 GLENEAGLES COURT

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: VD () Delete Title: VTD (X) Change () Addition

Name: WILLIAMS, LARRY Name: WILLIAMS, LARRY
Address: 20854 GLENEAGLES LINKS DRIVE Address: 20854 GLENEAGLES LINKS DRIVE

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: VST () Delete Title: VSD (X) Change () Addition

Name: STREICHER, BARBARA Name: STREICHER, BARBARA
Address: 20824 GLENEAGLES LINKS DR Address: 20824 GLENEAGLES LINKS DR

City-St-Zip: ESTERO, FL 33928 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 Chapter 119, 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: ROBERT CLEMONS PD 04/26/2006