

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005681

FILED
Apr 09, 2005
Secretary of State

Entity Name: GLEN EDEN ON THE BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MGMT
265 AIRPORT ROADS
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MGMT
265 AIRPORT ROADS
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3612202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O R & P PROPERTY MGMT
265 AIRPORT ROAD S
NAPLES, FL 34104 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: WARFEL, DAMON
Address: 1085-10 BUSINESS LANE
City-St-Zip: NAPLES, FL 34110

Title: DT () Delete
Name: GEORGE, DAN
Address: 1085-10 BUSINESS LANE
City-St-Zip: NAPLES, FL 34110

Title: DV () Delete
Name: WARFEL, NANETTE
Address: 1085-10 BUSINESS LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARFEL, DAMON
Address: 1085 BUSINESS LANE SUITE 10
City-St-Zip: NAPLES, FL 34110

Title: STD (X) Change () Addition
Name: WARFEL, NANETTE
Address: 1085 BUSINESS LANE SUITE 10
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: GEORGE, DAN
Address: 1085 BUSINESS LANE SUITE 10
City-St-Zip: NAPLES, FL 34110

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: GLENN CARROLL

PRES

04/09/2005

Electronic Signature of Signing Officer or Director

Date