2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30422

Entity Name: GLENEAGLES IV CONDOMINIUM ASSOCIATION OF NAPLES,

INC.

Apr 16, 2019 Secretary of State 0632104374CC

FILED

Current Principal Place of Business:

C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215 NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215 NAPLES, FL 34104 US

FEI Number: 65-0097328 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104 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: ROBERT ROSENOW 04/16/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT** Name BOVINO, PATRECIA Name WILSON, JOHN

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DRIVE SOUTH STE 2685 HORSESHOE DRIVE SOUTH STE

NAPLES FL 34104 NAPLES FL 34104 City-State-Zip: City-State-Zip:

VΡ Title Title **SECRETARY** Name ROBERT, JENNINGS Name BASSO, DIANE

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DRIVE SOUTH STE 2685 HORSESHOE DRIVE SOUTH STE 215 215

City-State-Zip:

NAPLES FL 34104

Title TREASURER

City-State-Zip:

Name FUCCILLO, RONALD

C/O RESORT MANAGEMENT Address

NAPLES FL 34104

2685 HORSESHOE DRIVE SOUTH STE

215

NAPLES FL 34104 City-State-Zip:

I hereby 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 all other like empowered.

04/16/2019 **PRES** SIGNATURE: JOHN WILSON