**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 28, 2016**
**Secretary of State**
**CC6408517429**

DOCUMENT# N39323

**Entity Name:** GLEN EAGLE GOLF & COUNTRY CLUB, INC.

**Current Principal Place of Business:**

1403 GLEN EAGLE BLVD.
NAPLES, FL 34104

**Current Mailing Address:**

1403 GLEN EAGLE BLVD.
NAPLES, FL 34104 US

**FEI Number: 65-0217318**

**Certificate of Status Desired:** No

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

SANBORN, EARLE O
1403 GLEN EAGLE BLVD.
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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | YEGGE, MARK |
| Address | 1403 GLEN EAGLE BLVD. |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | VP |
| Name | SICILIAN, DAVID |
| Address | 1403 GLEN EAGLE BLVD |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | SECRETARY |
| Name | CARD, NANCY |
| Address | 1403 GLEN EAGLE BLVD. |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LEARY, THOMAS |
| Address | 1403 GLEN EAGLE BLVD. |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | TRUE, LARRY |
| Address | 1403 GLEN EAGLE BLVD. |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | TREASURER |
| Name | CASEY, THOMAS |
| Address | 1403 GLEN EAGLE BLVD |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GARTNER, CHARLES |
| Address | 1403 GLEN EAGLE BLVD. |
| City-State-Zip: | NAPLES FL 34104 |

*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.*

SIGNATURE: LARRY TRUE PRESIDENT 03/28/2016

Electronic Signature of Signing Officer/Director Detail — Date