

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 FURTADO, TONY
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 DIRECTOR
Name CARD, NANCY
Address 1403 GLEN EAGLE BLVD
City-State-Zip: NAPLES FL 34104

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

Title SECRETARY
Name INGENTHRON, GERARD
Address 1403 GLEN EAGLE BLVD.
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name WOOD, LINDEN
Address 1403 GLEN EAGLE BLVD.
City-State-Zip: NAPLES FL 34104

Title VP
Name LEARY, THOMAS
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

03/22/2017

Electronic Signature of Signing Officer/Director Detail_____
Date