FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			NI STATE OF THE ST	Secretary of State DIVISION OF CORPORATIONS				Secretary of State						
	MENT #		_	(6)										
GLEN	/IEW PALMS	CONDOMINIL	JM ASSO	OCIATION, INC.										
Principal Plac	ing Address	38				I FOODIS HADIF OIDED OI								
433 SW 8TH ST . 433 SW 8TH ST . BOCA RATON FL 33432 BOCA RATON FL									3. Date Incorporated or	Qualified				
BUCA HATUN	FL \$3432		BOC	A RATON FL 33432					03/26/1979 4. FEI Number					
									59-1924323			-		plied For t Applicable
2. Principal Place of Business				2a. Mailing Address					5. Certificate of Status I	Desired		\$8.		dditional
21				26 Suite Ant H ata										quired
Suite, Apt. #, etc.				Suite, Apt. #, etc.					 Election Campaign F Trust Fund Contribut 	_	П			May Be
City & State				City & State					Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?					
23			28	<u> </u>		intry			· · · · · · · · · · · · · · · · · · ·		X Yes	□ No		
Zip	Country			Zip					8. This corporation owe					
24	9. Name an	d Address of Curre	29 nt Registe	red Apent	30				Personal Property Ta 10. Name and Address			Yes		No
						81	Name					7190		······
EDWARD	D CRACKEL					82	Street	Addres	ss (P.O. Box Number is No	t Accepte	blo)			
433 S.W. 8TH ST., APT. B							Grider.	Addige	se (r.o. box Number is inc	i Accepta	DIE)			
BOCA R	IATON FL 334	32				63								
						84	City					85	Zip C	ode
11 Purcuant	to the provisions	of Sections 617 05	02 and 617	1509 Florido Clatut	on the al		namad	oorno	ration aubmits this stateme	nt for the	FL		la a lie	
Office or r	egistered agent	, or both, in the State	e of Florida	Such change was a Section 617.0503, Flo	authorized	d by	the corp	poratio	ration submits this statements board of directors. I he	reby acce	pt the ap	pointmer	nt as i	egistered
SIGNATURE	iti iqui illicai vittis, i	and accept the only	gallons of, t	3600001017.0303,110	onua siai	ulos	•							
	Signature, typed or pr	rint ed n ame of registered ag				Ager	l signature	required	when reinstating)		DATE			
12.	PD	OFFICERS AN	ND DIRECT	ORS DELETE	13.	rı e		ı	ADDITIONS/CHANGE	TO OFFI	CERS AN			
NAME	CRACKEL,	ENWADD	•	TTI DELETE	1.1 111							☐ Cha	.nge	Addition
STREET ADDRESS		TH STREET					1.2 NAME 1.3 STREET ADDRESS							
CITY-ST-ZIP		ON, FL 00000				TY-ST								
TITLE	\$TD	<u>, </u>		DELETE	2.1 TI							☐ Cha	пде	Addition
NAME	KING, WAT	Т			2.2 NA	ME								
STREET ADDRESS	433 SW 8T				2.3 ST	REET A	ADDRESS							
CITY-ST-ZIP	BOCA RAT	ON FL		T DECEME		TY-S	I - ZIP							
TITLE	VD HEBDEN, J	OAN		☐ DELETE	3.1 117							☐ Cha	nge	Addition
NAME STREET ADDRESS	433 SW 8T				3.2 NA		NDORESS							
CITY-ST-ZIP	BOCA RATI				3,4. CI									
TITLE				DELETE	4.1 70		- 211					Char	nge	☐ Addition
NAME					4.2 N	AME								
STREET ADDRESS					4.3 ST	REET A	ODRESS							
CITY-ST-ZIP					4.4 CIT	Y-ST	-ZIP							
TITLE				DELETE	5.1 TIT							☐ Char	nge	Addition Addition
NAME STREET ADDRESS					5.2 NA		חשנייי							
CITY-ST-ZIP					5.4 CIT		DDRESS							
TITLE				DELETE	6.1 T/T		- 411					☐ Char	nge	Addition
NAME					6.2 NA								•	
STREET ADDRESS							DDRESS							
CITY-ST-ZIP					6.4 CIT	Y-ST	· ZIP							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jan 23 1998 8:00am