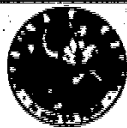


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747412 (5)

1. Corporation Name

GLENGARY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7100 FAIRWAY DRIVE #29-30
PALM BEACH GARDENS FL 33418

7100 FAIRWAY DRIVE #29-30
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/29/1979	04/29/1994
4. FEI Number	Applied For Not Applicable
59-1969417	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TARR, STEVE
7100 FAIRWAY DRIVE #29
PALM BCH. GARDENS FL 33418

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR, STEVE	1.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, DAVID	2.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELONGA, JAMES	3.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	PT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANK, GARY	4.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSCHYK, RUDOLPH	5.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY, DEBBIE	6.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: G.W. Yanik G.W. Yanik
30 Mar 95 407 844-7662
Date

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Telephone No.