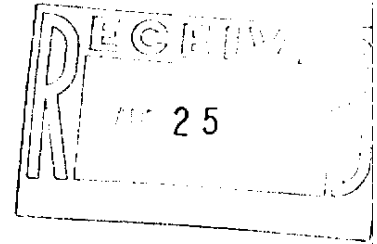


FILE NOW: FILING FEE IS \$61.25



| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 747412 (5)
 1. Corporation Name
GLENGARY HOME OWNERS ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 7100 FAIRWAY DRIVE #29-30 PALM BEACH GARDENS FL 33418 | Mailing Address 7100 FAIRWAY DRIVE #29-30 PALM BEACH GARDENS FL 33418 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/29/1979 | 3a. Date of Last Report 04/04/1995 |
| 4. FEI Number 59-1969417 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | TARR, STEVE |
| STREET ADDRESS | 7100 FAIRWAY DRIVE #29 |
| CITY-ST-ZIP | PALM BCH. GARDENS FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | PORTER, DAVID |
| STREET ADDRESS | 7100 FAIRWAY DRIVE #29 |
| CITY-ST-ZIP | PALM BCH. GARDENS FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | DELONGA, JAMES |
| STREET ADDRESS | 7100 FAIRWAY DRIVE #29 |
| CITY-ST-ZIP | PALM BCH. GARDENS FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | YANIK, GARY |
| STREET ADDRESS | 7100 FAIRWAY DRIVE #29 |
| CITY-ST-ZIP | PALM BCH. GARDENS FL |
| TITLE | D <input checked="" type="checkbox"/> LEFT |
| NAME | KOSCHYK, RUDOLPH |
| STREET ADDRESS | 7100 FAIRWAY DRIVE #29 |
| CITY-ST-ZIP | PALM BCH. GARDENS FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE |
| NAME | COURTNEY, DEBBIE |
| STREET ADDRESS | 7100 FAIRWAY DRIVE #29 |
| CITY-ST-ZIP | PALM BCH. GARDENS FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Calvin Schwartz |
| 6.3 STREET ADDRESS | 7100 Fairway Dr #29 |
| 6.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 |

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 119.07(3)(k), 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.

SIGNATURE: Gary Yanik Gary Yanik 4/24/98 407-625-8588
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)