


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33418-3777
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3. Date Incorporated or Qualified 05/29/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1969417	Applied For 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	

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
84 City
85 Zip Code
FL

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 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANIK, 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, CALVIN	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	

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CITY-ST-ZIP	PALM BCH. GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	PALM BCH. GARDENS FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *James Delonga* 4-14-97 561-625-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041522

CR2E037 (9/96)