


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7100 FAIRWAY DRIVE #29-30                  PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>7100 FAIRWAY DRIVE #29-30                  PALM BEACH GARDENS FL 33418</b>
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3. Date Incorporated or Qualified  
**05/29/1979**

4. FEI Number  
**59-1969417**

Applied For  
 Yes  No

2. Principal Place of Business <b>21 300 AVENUE OF CHAMPIONS</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 300 AVENUE OF CHAMPIONS</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 PALM BEACH GARDENS, FL</b> Zip Country <b>24 33418 25 USA</b>	City & State <b>28 PALM BEACH GARDENS, FL</b> Zip Country <b>29 33418 30 USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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)**  
**300 AVENUE OF CHAMPIONS**

**83**

**84 City** **PALM BEACH GARDENS** **FL** **85 Zip Code** **33418**

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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TARR, STEVE</b>		1.2 NAME	
STREET ADDRESS <b>7100 FAIRWAY DRIVE #29</b>		1.3 STREET ADDRESS <b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP <b>PALM BCH. GARDENS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PORTER, DAVID</b>		2.2 NAME	
STREET ADDRESS <b>7100 FAIRWAY DRIVE #29</b>		2.3 STREET ADDRESS <b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP <b>PALM BCH. GARDENS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SO</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELONGA, JAMES</b>		3.2 NAME	
STREET ADDRESS <b>7100 FAIRWAY DRIVE #29</b>		3.3 STREET ADDRESS <b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP <b>PALM BCH. GARDENS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YANIK, GARY</b>		4.2 NAME	
STREET ADDRESS <b>7100 FAIRWAY DRIVE #29</b>		4.3 STREET ADDRESS <b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP <b>PALM BCH. GARDENS FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOSCHYK, RUDOLPH</b>		5.2 NAME	
STREET ADDRESS <b>7100 FAIRWAY DRIVE #29</b>		5.3 STREET ADDRESS <b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP <b>PALM BCH. GARDENS FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWARTZ, CALVIN</b>		6.2 NAME	
STREET ADDRESS <b>7100 FAIRWAY DRIVE #29</b>		6.3 STREET ADDRESS <b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP <b>PALM BCH. GARDENS FL</b>		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (10/97)