

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90025 024 \*\*\*\*70.00

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 747412**

1. Corporation Name

**GLENGARY HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

300 AVENUE OF CHAMPIONS  
 PALM BEACH GARDENS FL 33418  
 US

Mailing Address

300 AVENUE OF CHAMPIONS  
 PALM BEACH GARDENS FL 33418  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

**05/29/1979**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-1969417**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**TARR, STEVE**  
 300 AVENUE OF CHAMPIONS  
 PALM BCH. GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name **QUEEN, SUSAN M.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**300 AVE. 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

*[Signature]*

**7/28/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TARR, STEVE</b>	
STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, DAVID</b>	
STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DELONGA, JAMES</b>	
STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YANIK, GARY</b>	
STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOSCHYK, RUDOLPH</b>	
STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, CALVIN</b>	
STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TARR, STEVE</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PORTER, DAVID</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DICKER, PAUL</b>	
4.3 STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
4.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HOBBS, TOM</b>	
6.3 STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>	
6.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES DeLonga**

Date

Daytime Phone #

CR2E037 (11/98)