

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90036 013 \*\*\*\*70.00

**DOCUMENT # 747412**

1. Entity Name  
**GLENGARY HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>300 AVENUE OF CHAMPIONS          PALM BEACH GARDENS FL 33418          US</b>	Mailing Address <b>300 AVENUE OF CHAMPIONS          PALM BEACH GARDENS FL 33418-3664          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1969417</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**QUEEN, SUSAN M  
 300 AVENUE OF CHAMPIONS  
 PALM BCH. GARDENS FL 33418**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME SD TARR, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS 300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP PALM BCH. GARDENS FL	
TITLE NAME PD PORTER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP PALM BCH. GARDENS FL	
TITLE NAME TD DELONGA, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP PALM BCH. GARDENS FL	
TITLE NAME VD DICKER, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS 300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP PALM BCH. GARDENS FL 33418	
TITLE NAME D KOSCHYK, RUDOLPH	<input type="checkbox"/> Delete
STREET ADDRESS 300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP PALM BCH. GARDENS FL	
TITLE NAME D HOBBS, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP PALM BCH. GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME T TARR, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)