

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90377 021 ****70.00

DOCUMENT # 747412

1. Entity Name

GLENGARY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**300 AVENUE OF CHAMPIONS
 PALM BEACH GARDENS FL 33418
 US**

**300 AVENUE OF CHAMPIONS
 PALM BEACH GARDENS FL 33418
 US**

C0055420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1969417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUEEN, SUSAN M
 300 AVENUE OF CHAMPIONS
 PALM BCH. GARDENS FL 33418**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TARR, STEVE Delete
 300 AVENUE OF CHAMPIONS
 WEST PALM BEACH FL 33418

Change Addition

PD PORTER, DAVID Delete
 300 AVENUE OF CHAMPIONS
 PALM BCH. GARDENS FL

Change Addition

VD DICKER, PAUL Delete
 300 AVENUE OF CHAMPIONS
 PALM BCH. GARDENS FL 33418

Change Addition

D KOSCHYK, RUDOLPH Delete
 300 AVENUE OF CHAMPIONS
 PALM BCH. GARDENS FL

Change Addition

D HOBBS, TOM Delete
 300 AVENUE OF CHAMPIONS
 PALM BCH. GARDENS FL 33418

SD Tom Hobbs Change Addition
 300 Avenue of the Champions
 Palm Beach Gardens FL 33418

Delete

Change Addition

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 files empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

Daytime Phone #

CR2E037 (10/00)