


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90008 005 ****70.00

DOCUMENT # 747412					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARR, STEVE		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33418		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERHARD, CINDY		NAME		
STREET ADDRESS	100 AVE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICKER, PAUL		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, RENALA		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLACHEK, PETE		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REWAK, DAVID		NAME		
STREET ADDRESS	300 AVE. OF CHAMIONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		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: <u>Steve Tarr</u>			Date: <u>5/25/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		