


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # 747412</b><br>1. Entry Name<br><b>GLENGARY HOME OWNERS ASSOCIATION, INC.</b>   |  |    | <b>FILED</b><br><b>08 DEC 30 PM 12: 07</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |
| Principal Place of Business<br><del>300 AVENUE OF CHAMPIONS</del><br><del>PALM BEACH GARDENS, FL 33418</del> US  |  | Mailing Address<br><del>300 AVENUE OF CHAMPIONS</del><br><del>PALM BEACH GARDENS, FL 33418</del> US   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>11784 W. Sample Rd</b><br>Suite, Apt. #, etc<br><b># 103</b>  |  | 3. Mailing Address<br><b>11784 W. Sample Rd</b><br>Suite, Apt. #, etc<br><b># 103</b>   |  |
| City & State<br><b>Coral Springs, FL</b>   |  | City & State<br><b>Coral Springs, FL</b>  |  |
| Zip<br><b>33065</b>  |  | Zip<br><b>33065</b>   |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>   |  |
| 4. FEI Number<br><b>59-1969417</b>   |  | Applied For<br><input type="checkbox"/> 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<br><b>QUEEN, SUSAN M</b><br><del>300 AVENUE OF THE CHAMPIONS #120</del><br><del>PALM BEACH GARDENS, FL 33418</del>   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>United Community Mgt. Corp.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11784 W. Sample Rd #103</b><br>City<br><b>Coral Springs</b> FL Zip Code<br><b>33065</b> |  |
| 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<br><b>Penic Campbell</b> <i>De Finance United Comm Mgmt</i> 12/23/08<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  | <small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>Amended AR 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 Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br><b>S</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>TARR, STEVE</b><br>STREET ADDRESS<br><b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br><b>S</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>300139355659</b><br><b>12/30/08-01033-004</b> |
| TITLE<br><b>V</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>GARGUILO, MARK</b><br>STREET ADDRESS<br><b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b>      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br><b>S</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>\$61.25</b>                                   |
| TITLE<br><b>P</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>DICKER, PAUL</b><br>STREET ADDRESS<br><b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br><b>S</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br><b>D</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>REWAK, DAVID</b><br>STREET ADDRESS<br><b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br><b>S</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br><b>D</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>QUINN, WILLIAM</b><br>STREET ADDRESS<br><b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b>      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br><b>S</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br><b>D</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>WASKIEWICZ, TIMOTHY</b><br>STREET ADDRESS<br><b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP<br><b>PALM BEACH GARDENS, FL 33418</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br><b>S</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Penic Campbell</b>   |  | Date: <b>12/12/08</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date Daytime Phone #</small>   |  |