

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756811 (6)
1. Corporation Name

NEW MARK GLEN TENANTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6800 NW 39 AVENUE RT. 2 BOX 823 158 COCONUT CREEK, FL 33073
6800 NW 39 AVENUE RT. 2 BOX 823 158 COCONUT CREEK, FL 33073

3. Date Incorporated or Qualified 03/17/1981 3a. Date of Last Report 04/26/1995
4. FEI Number 59-2145878 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DUBOIS, VIRGINIA
6800 NW 39 AVE
RT 2 HBOX 158
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent
81 Name PATRICK J. LAMBE
82 Street Address (P.O. Box Number is Not Acceptable) 6800 N.W. 39 AVENUE, LOT 264
83
84 City COCONUT CREEK FL 85 Zip Code 33073

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: PATRICK J LAMBE - Patrick J Lambe - 4-26-96
(NOTE: Registered Agent signature required (if not reinstating) DATE)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	WEISS, BARBARA	
STREET ADDRESS	6800 NW 39 AVE, LOT 113	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPD	<input type="checkbox"/>
NAME	LYTLE, BILL	
STREET ADDRESS	6800 NW 39 AVE, LOT 153	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPD	<input type="checkbox"/>
NAME	LABALBO, VERA	
STREET ADDRESS	6800 NW 39 AVE LOT 163	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/>
NAME	DUBUIS, VIRGINIA	
STREET ADDRESS	6800 N.W. 39 AVE, LOT 158	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/>
NAME	CARTER, RUBY	
STREET ADDRESS	6800 NW 39 AVE LOT 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MARK BACHMAN		
1.3 STREET ADDRESS	6800 N.W. 39 AVE, LOT 428		
1.4 CITY-ST-ZIP	COCONUT CREEK FL 33073		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JEFF BRADEN		
2.3 STREET ADDRESS	6800 N.W. 39, AVE, LOT 368		
2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
3.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BILL SHUPE		
3.3 STREET ADDRESS	6800 N.W. 39 AVE, LOT 105		
3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
4.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	SUE McFACHERON		
4.3 STREET ADDRESS	6800 N.W. 39 AVE, LOT 86		
4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
5.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	KIM RILEY		
5.3 STREET ADDRESS	6800 N.W. 39 AVE, LOT 436		
5.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William F. Shupe William J Shupe 2nd vice 4-26-96 964-7258366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)