

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33073-2036

3. Date Incorporated or Qualified 03/17/1981  
3a. Date of Last Report 05/01/1996  
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  
26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
~~LAMBE, PATRICK J~~  
6800 NW 39 AVE LOT 264  
RT 2 HBOX 158  
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent  
81 Name VIRGINIA DUBOIS  
82 Street Address (P.O. Box Number is Not Acceptable) 6800 NW 39 AVE LOT 158  
83 RT 2 H BOX 158  
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 VIRGINIA DUBOIS Virginia Du Bois 4/4/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<del>BACHMAN, MARK</del>	
STREET ADDRESS	6800 NW 39 AVE LOT 428	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<del>BRADEN, JEFF</del>	
STREET ADDRESS	6800 NW 39 AVE LOT 388	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<del>SHUPE, BILL</del>	
STREET ADDRESS	6800 NW 39 AVE LOT 105	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<del>MCEACHERON, SUE</del>	
STREET ADDRESS	6800 NW 39 AVE LOT 86	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<del>RILEY, KIM</del>	
STREET ADDRESS	6800 NW 39 AVE LOT 436	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOODBURY JOAN	
1.3 STREET ADDRESS	6800 NW 39 AVE LOT 148	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BISHOP RAY	
2.3 STREET ADDRESS	6800 NW 39 AVE LOT 491	
2.4 CITY-ST-ZIP	COCONUT CREEK FL	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRUSEWITZ LAURA	
3.3 STREET ADDRESS	6800 NW 39 AVE LOT 498	
3.4 CITY-ST-ZIP	COCONUT CREEK, FL	
4.1 TITLE	S RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DUBOIS VIRGINIA	
4.3 STREET ADDRESS	6800 NW 39 AVE LOT 158	
4.4 CITY-ST-ZIP	COCONUT CREEK, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARTER RUBY	
5.3 STREET ADDRESS	6800 NW 39 AVE LOT 290	
5.4 CITY-ST-ZIP	COCONUT CREEK, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: Mrs. Joan G. Woodbury 5/1/97 954-426-4534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026117

CR2E037 (9/96)