


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 6800 NW 39 AVENUE RT. 2 BOX 823 158 COCONUT CREEK, FL 33073 | Mailing Address 6800 NW 39 AVENUE RT. 2 BOX 823 158 COCONUT CREEK, FL 33073 33073 |
|---|---|

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 03/17/1981 | | |
| 4. FEI Number 59-2145878 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 | Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**DUBOIS, VIRGINIA
6800 NW 39 AVE LOT 284
RT 2 HBOX 158
COCONUT CREEK FL 33073**

*Roberts Patricia
6800 NW 39th Ave
Lot 464
Coconut Creek, FL
33073*

10. Name and Address of New Registered Agent

| | |
|--|-------------|
| 81 Name Roberts, Patricia | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6800 NW 39 Ave Lot 464 | |
| 83 City Coconut Creek, FL 33073 | |
| 84 City FL | 85 Zip Code |

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 *Patricia Roberts* (NOTE: Registered Agent signature required when reinstating) DATE **4/27/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE P | NAME WOODURY, JOAN | 1.1 TITLE <input type="checkbox"/> DELETE | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 6800 NW 39 AVE LOT 428 | CITY-ST-ZIP COCONUT CREEK FL | 1.2 NAME | 1.2 NAME BRUSSEWITZ, LAURA |
| 1.3 STREET ADDRESS | 1.3 STREET ADDRESS 6800 NW 39th Ave Lot 498 | 1.4 CITY-ST-ZIP | 1.4 CITY-ST-ZIP Coconut Creek, FL 33073 |
| TITLE VPD | NAME BISHOP, RAY | 2.1 TITLE <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 6800 NW 39 AVE LOT 368 | CITY-ST-ZIP COCONUT CREEK FL | 2.2 NAME | 2.2 NAME MCCENIC, SAM |
| 2.3 STREET ADDRESS | 2.3 STREET ADDRESS 6800 NW 39th Ave Lot 205 | 2.4 CITY-ST-ZIP | 2.4 CITY-ST-ZIP Coconut Creek FL 33073 |
| TITLE VPD | NAME BRUSSEWITZ, LAURA | 3.1 TITLE <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 6800 NW 39 AVE LOT 105 | CITY-ST-ZIP COCONUT CREEK FL | 3.2 NAME | 3.2 NAME Plummer, Jenny |
| 3.3 STREET ADDRESS | 3.3 STREET ADDRESS 6800 NW 39th Ave Lot 2 | 3.4 CITY-ST-ZIP | 3.4 CITY-ST-ZIP Coconut Creek, FL 33073 |
| TITLE SRA | NAME DUBOIS, VIRGINIA | 4.1 TITLE <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 6800 NW 39 AVE LOT 88 | CITY-ST-ZIP COCONUT CREEK FL | 4.2 NAME | 4.2 NAME Roberts, Patricia |
| 4.3 STREET ADDRESS | 4.3 STREET ADDRESS 6800 NW 39th Ave Lot 464 | 4.4 CITY-ST-ZIP | 4.4 CITY-ST-ZIP Coconut Creek, FL 33073 |
| TITLE T | NAME CARTER, RUBY | 5.1 TITLE <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 6800 NW 39 AVE LOT 438 | CITY-ST-ZIP COCONUT CREEK FL | 5.2 NAME | 5.2 NAME Carter, Ruby |
| 5.3 STREET ADDRESS | 5.3 STREET ADDRESS 6800 NW 39th Ave Lot 290 | 5.4 CITY-ST-ZIP | 5.4 CITY-ST-ZIP Coconut Creek, FL 33073 |
| TITLE | NAME | 6.1 TITLE | 6.1 TITLE |
| STREET ADDRESS | STREET ADDRESS | 6.2 NAME | 6.2 NAME |
| CITY-ST-ZIP | CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.3 STREET ADDRESS |
| | | 6.4 CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

14. 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 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: *Patricia Roberts* DATE: **4/27/98** (954) 420-5159

CR2E037 (10/97)