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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756811

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 033073 33073	6800 NW 39 AVENUE RT. 2 BOX 823 158 COCONUT CREEK, FL 033073 33073



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/17/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2145878
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS, PATRICIA 6800 NW 39TH AVE LOT 464 COCONUT CREEK FL 33073	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSSEWITZ, LAURA	1.2 NAME	
STREET ADDRESS	6800 NW 39TH AVE LOT 498	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCENIC, SAM	2.2 NAME	
STREET ADDRESS	6800 NW 39TH AVE LOT 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, JERRY	3.2 NAME	
STREET ADDRESS	6800 NW 39TH AVE LOT 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	
TITLE	SRA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PATRICIA	4.2 NAME	
STREET ADDRESS	6800 NW 39TH AVE LOT 464	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, RUBY	5.2 NAME	
STREET ADDRESS	6800 NW 39TH AVE LOT 380	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Patricia Roberts **SIGNATURE REQUIRED** Date: 3/10/99 Daytime Phone #: 954-420-5159

CR2E037 (1/98)