

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05966 (9)
1. Corporation Name
GLENEAGLES COUNTRY CLUB, INC.



Principal Place of Business 7667 VICTORY LANE DELRAY BEACH FL 33446	Mailing Address 7667 VICTORY LANE DELRAY BEACH FL 33446-3155
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3. Date Incorporated or Qualified 11/01/1984	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2465667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HANDLER, ESO., HENRY B.
WEISS & HANDLER, PA
1499 W. PALMETTO PARK ROAD, SUITE 320
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

B1 Name Same - No change
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL
B5 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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOHLBAUM, ROBERT		1.2 NAME ALFRED ZWEIBEL	
STREET ADDRESS 7667 VICTORY LANE		1.3 STREET ADDRESS 7667 VICTORY LANE	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP DELRAY BEACH, FL 33446	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE Same as before	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAUCH, PHILLIP		2.2 NAME	
STREET ADDRESS 7667 VICTORY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE Same as before	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLAN, LAURA		3.2 NAME	
STREET ADDRESS 7667 VICTORY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LITMAN, IRWIN		4.2 NAME IRVING TARAGAN	
STREET ADDRESS 7667 VICTORY LANE		4.3 STREET ADDRESS 7667 VICTORY LANE	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP DELRAY BEACH FL 33446	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALZARETTA, FRANK		5.2 NAME ROBERT RUDNER	
STREET ADDRESS 7667 VICTORY LANE		5.3 STREET ADDRESS 7667 VICTORY LANE	
CITY-ST-ZIP DELRAY BEACH FL		5.4 CITY-ST-ZIP DELRAY BEACH FL 33446	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MARILYN WOBESER	
STREET ADDRESS		6.3 STREET ADDRESS 7667 VICTORY LANE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP DELRAY BEACH, FL 33446	

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 change of name or an attachment with an address.

SIGNATURE: *Phillip Rauch* **PHILLIP RAUCH** 3-20-97 561 498-3606
Marilyn Wobeser **MARILYN WOBESER** 3-5-97 561 498-3606

CFR2E037 (9/96)