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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

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

3. Date Incorporated or Qualified: 11/01/1984
4. FEI Number: 59-2465667 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent
81 Name: JAMES N. REYER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 5301 NORTH FEDERAL HIGHWAY
83 SUITE 200
84 City: BOCA RATON FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *[Signature]* JAMES N. REYER DATE: 3-30-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEIBEL, ALFRED Z.	
STREET ADDRESS	7667 VICTORY LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RAUCH, PHILLIP	
STREET ADDRESS	7667 VICTORY LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POLAN, LAURA	
STREET ADDRESS	7667 VICTORY LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TARAGAN, IRVING	
STREET ADDRESS	7667 VICTORY LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RUDNER, ROBERT	
STREET ADDRESS	7667 VICTORY LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WOESSER, MARILYN	
STREET ADDRESS	7667 VICTORY LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHULBAUM ROBERT	
1.3 STREET ADDRESS	7667 VICTORY LANE	
1.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERNARD RIFKIN	
2.3 STREET ADDRESS	7667 VICTORY LANE	
2.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REMAINS SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IRWIN LITMAN	
4.3 STREET ADDRESS	7667 VICTORY LANE	
4.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAM BRAMBERG	
5.3 STREET ADDRESS	7667 VICTORY LANE	
5.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REMAINS SAME	
6.3 STREET ADDRESS		
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: *[Signature]* DATE: 3-27-98 561 498-3606

CR2037 (10/97)