

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90022 015 \*\*\*\*70.00

0045207

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N05966**

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 <i>NA</i> Suite, Apt. #, etc. 22 <i>NA</i> City & State 23 <i>NA</i> Zip 24 <i>NA</i>	2a. Mailing Address 26 <i>NA</i> Suite, Apt. #, etc. 27 <i>NA</i> City & State 28 <i>NA</i> Zip 29 <i>NA</i>	3. Date Incorporated or Qualified 11/01/1984	4. FEI Number 59-2465667 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <b>\$5.00</b> May Be Added to Fees
--	---	---	--	--	---

9. Name and Address of Current Registered Agent

**REYER, JAMES N. P.A.**  
**5301 NORTH FEDERAL HWY**  
**SUITE 200**  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name *Same*  
 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 *N.A.*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULBAUM, ROBERT 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIFKIN, BERNARD 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLAN, LAURA 7667 VICTORY LANE DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITMAN, IRWIN 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAMBERG, WILLIAM 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WOBESER, MARILYN 7667 VICTORY LANE DELRAY BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD PERLMAN, IRA 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD BRENNER, WALTER 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S DIMATTEO, BERNARD 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD CAPLAN, IRVING 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD STRENGER, SAUL 7667 VICTORY LANE DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
AS REMAINS THE SAME WOBESER (CORRECT SPELLING ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE REQUIRED* 561 498-3606  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 IRA PERLMAN PRESIDENT

CR2E037 (11/98)