

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08427 (9)

1. Corporation Name

VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% COMPLETE PROPERTY MANAGEMENT, INC. 701 U.S. HIGHWAY ONE, SUITE 101 NORTH PALM BEACH, FL 33406	% COMPLETE PROPERTY MANAGEMENT, INC. 701 U.S. HIGHWAY ONE, SUITE 101 NORTH PALM BEACH, FL 33406

3. Date Incorporated or Qualified 03/28/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2522216	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, WILLIAM F.
% COMPLETE PROPERTY MANAGEMENT, INC.
701 U.S. HIGHWAY ONE, SUITE 101
NORTH PALM BEACH, FL 33408

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINE, RICHARD A.	
STREET ADDRESS	701 U.S. HWY. ONE, SUITE 101	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWELL, VIRGINIA	
STREET ADDRESS	701 U.S. HWY. ONE, STE. 101	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HENSLER, MADELYN	
STREET ADDRESS	701 U.S. HWY ONE, SUITE 101	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINDER, BARBARA	
STREET ADDRESS	701 U.S. HWY. ONE, SUITE 101	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM PLEASANT	
STREET ADDRESS	803 BANNOCK TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard A. Line President* 4/19/96 407-842-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)