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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: % COMPLETE PROPERTY MANAGEMENT, INC. 701 U.S. HIGHWAY ONE, SUITE 101 NORTH PALM BEACH, FL 33408
Mailing Address: % COMPLETE PROPERTY MANAGEMENT, INC. 701 U.S. HIGHWAY ONE, SUITE 101 NORTH PALM BEACH, FL 33408-4587

3. Date Incorporated or Qualified: 03/28/1985
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business: % Complete Property Mgmt. 4239 Northlake Blvd, Suite, Apt. #, etc. D
2a. Mailing Address: % Complete Property Mgmt. 4239 Northlake Blvd, Suite, Apt. #, etc. D
4. FEI Number: 59-2522216
Applied For: Not Applicable

22. City & State: Palm Beach Gardens, FL
27. City & State: Palm Beach Gardens, FL
5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23. City & State: Palm Beach Gardens, FL
28. City & State: Palm Beach Gardens, FL
6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24. Zip: 33410, Country: US
29. Zip: 33410, Country: US
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LEWIS, WILLIAM F. % COMPLETE PROPERTY MANAGEMENT, INC. 701 U.S. HIGHWAY ONE, SUITE 101 NORTH PALM BEACH, FL 33408
10. Name and Address of New Registered Agent: 81 Name: William F. Lewis
82 Street Address (P.O. Box Number is Not Acceptable): % Complete Property Mgmt., Inc.
83: 4239 Northlake Blvd, Ste D
84 City: Palm Beach Gardens, FL
85 Zip Code: 33410

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 LINE, RICHARD A. 701 U.S. HWY. ONE, SUITE 101 NORTH PALM BEACH, FL	1.1 TITLE	PD Richard Line 801 ST. Giles Terrace Palm Beach Gardens, FL 33418
NAME	LINE, RICHARD A.	1.2 NAME	Richard Line
STREET ADDRESS	701 U.S. HWY. ONE, SUITE 101	1.3 STREET ADDRESS	801 ST. Giles Terrace
CITY-ST-ZIP	NORTH PALM BEACH, FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	VD POWELL, VIRGINIA 701 U.S. HWY. ONE, STE. 101 NORTH PALM BEACH, FL	2.1 TITLE	VD Virginia Powell 702 ST. Giles Terrace Palm Beach Gardens, FL 33418
NAME	POWELL, VIRGINIA	2.2 NAME	Virginia Powell
STREET ADDRESS	701 U.S. HWY. ONE, STE. 101	2.3 STREET ADDRESS	702 ST. Giles Terrace
CITY-ST-ZIP	NORTH PALM BEACH, FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	SD HENSLER, MADELYN 701 U.S. HWY ONE, SUITE 101 NORTH PALM BEACH, FL	3.1 TITLE	SD Madelyn Hensler 804 ST. Giles Terrace Palm Beach Gardens, FL 33418
NAME	HENSLER, MADELYN	3.2 NAME	Madelyn Hensler
STREET ADDRESS	701 U.S. HWY ONE, SUITE 101	3.3 STREET ADDRESS	804 ST. Giles Terrace
CITY-ST-ZIP	NORTH PALM BEACH, FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D RINDER, BARBARA 701 U.S. HWY. ONE, SUITE 101 NORTH PALM BEACH, FL	4.1 TITLE	D Barbara Rinder 708 ST. Giles Court Palm Beach Gardens, FL 33418
NAME	RINDER, BARBARA	4.2 NAME	Barbara Rinder
STREET ADDRESS	701 U.S. HWY. ONE, SUITE 101	4.3 STREET ADDRESS	708 ST. Giles Court
CITY-ST-ZIP	NORTH PALM BEACH, FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D WILLIAM PLEASANT 803 BANNOCK TERRACE PALM BEACH GARDENS FL	5.1 TITLE	
NAME	WILLIAM PLEASANT	5.2 NAME	
STREET ADDRESS	803 BANNOCK TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)