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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08427 (9)
 1. Corporation Name
VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410 US	Mailing Address 4239 NORTH LAKE BLVD SUITE D PALM BEACH GARDENS FL 33140 US
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3. Date Incorporated or Qualified 03/28/1985	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2522216		

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEWIS, WILLIAM F.
 4239 NORTHLAKE BLVD
 SUITE D
 PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LINE, RICHARD A.	1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 801 ST GILES TERRACE	CITY-ST-ZIP PALM BEACH GARDENS FL	1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE VD	NAME POWELL, VIRGINIA	2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 702 ST GILES TERRACE	CITY-ST-ZIP PALM BEACH GARDENS FL	2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE SD	NAME HENSLER, MADELYN	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 804 ST GILES TERRACE	CITY-ST-ZIP PALM BEACH GARDENS FL	3.2 NAME	3.2 NAME Cari Steele
3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP 800 Kintyre Court
TITLE D	NAME RINDER, BARBARA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 708 ST GILES COURT	CITY-ST-ZIP PALM BEACH GARDENS FL	4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE D	NAME WILLIAM PLEASANT	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 803 BANNOCK TERRACE	CITY-ST-ZIP PALM BEACH GARDENS FL	5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE TD	NAME Sharon Benack	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 705 Kintyre Terrace	CITY-ST-ZIP Palm Beach Gardens, FL	6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	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)(l), 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 **4/21/98** (561) 636-2778

CR2E037 (10/97)