

FILE NOW: FILING FEE IS \$61.25

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90028 036 ****61.25

0042022

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08427

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
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/28/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2522216
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LINE, RICHARD A. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 ST GILES TERRACE	1.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, VIRGINIA	2.2 NAME	
STREET ADDRESS	702 ST GILES TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, CARL	3.2 NAME	
STREET ADDRESS	800 KINTYRE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENACK, SHARON	4.2 NAME	
STREET ADDRESS	705 KINTYRE TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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: WILLIAM PLEASANT SIGNATURE REQUIRED MAK 20, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)