

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91623 021 ****61.25

DOCUMENT # N08427

1. Entity Name

VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4239 NORTHLAKE BLVD
 SUITE D
 PALM BEACH GARDENS FL 33410
 US**

**4239 NORTH LAKE BLVD
 SUITE D
 PALM BEACH GARDENS FL 33140
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2522216

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, WILLIAM F.
 4239 NORTHLAKE BLVD
 SUITE D
 PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	POWELL, VIRGINIA	
CITY-ST-ZIP	702 ST GILES TERRACE PALM BEACH GARDENS FL	
TITLE NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	TD	
CITY-ST-ZIP	BENACK, SHARON	
	705 KINTYRE TERRACE PALM BEACH GARDENS FL	
TITLE NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	PD	
CITY-ST-ZIP	WILLIAM PLEASANT	
	803 BANNOCK TERRACE PALM BEACH GARDENS FL	
TITLE NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	D	
CITY-ST-ZIP	BUCKLEY, HAROLD	
	703 KINTYRE TERRACE PALM BEACH GARDENS FL 33410	
TITLE NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	D	
CITY-ST-ZIP	DRAETTA, RITA	
	1329 SOUTHWEST SEAHAWK WAY PALM CITY FL 34990	
TITLE NAME	<input type="checkbox"/> Delete	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Robert Lowe
CITY-ST-ZIP	801 St. Giles Terrace P. Bch Gardens, FL 33418

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Lewis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 *626-2778*

CR2E037 (9/01)