


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90385 025 \*\*\*\*61.25

**DOCUMENT # N08427**

1. Entity 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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**44029826**



04072004 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	BENACK, SHARON	
STREET ADDRESS	705 KINTYRE TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	WILLIAM PLEASANT	
STREET ADDRESS	803 BANNOCK TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLEY, HAROLD	
STREET ADDRESS	703 KINTYRE TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAETTA, RITA	
STREET ADDRESS	1329 SOUTHWEST SEAHAWK WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D <sup>IP</sup>	<input type="checkbox"/> Delete
NAME	LOWE, ROBERT	
STREET ADDRESS	801 ST GILES TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X D Blawie  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4115104 626278  
 Date Day/mo/yr