


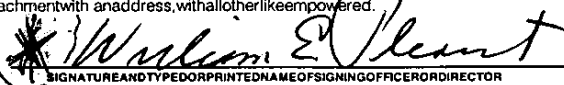
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 034 ****61.25

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DOCUMENT# N08427					
1. Entity Name VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4239 NORTH LAKE BLVD SUITE D PALM BEACH GARDENS, FL 33410US		Mailing Address 4239 NORTH LAKE BLVD SUITE D PALM BEACH GARDENS, FL 33140US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2522216		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LEWIS, WILLIAM F. 4239 NORTH LAKE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE Registered Agent's signature required when re-instating)		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENACK, SHARON	NAME	S D		
STREET ADDRESS	705 KINTYRE TERRACE	STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS, FL	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM PLEASANT	NAME	P D		
STREET ADDRESS	803 BANNOCK TERRACE	STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS, FL	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUCKLEY, HAROLD	NAME	D KAVANAUGH, KEVIN		
STREET ADDRESS	703 KINTYRE TERRACE	STREET ADDRESS	800 BANNOCK TERRACE		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DRAETTA, RITA	NAME	D TRISTER, BILL		
STREET ADDRESS	1329 SOUTHWEST SEAHAWK WAY	STREET ADDRESS	800 KINTYRE CT.		
CITY - ST - ZIP	PALM CITY, FL 34990	CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	BP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOWE, ROBERT	NAME	V P / D FRANCO, DR. JOHN		
STREET ADDRESS	801 ST GILES TERRACE	STREET ADDRESS	700 BANNOCK LANE		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 trustee or 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 attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone# _____	