


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90156 016 \*\*\*\*61.25

<b>DOCUMENT # N08427</b> 1. Entity Name VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business <del>4200 NORTHLAKE BLVD</del> <del>SUITE D</del> <del>PALM BEACH GARDENS FL 33410</del> US	Mailing Address <del>4200 NORTHLAKE BLVD</del> <del>SUITE D</del> <del>PALM BEACH GARDENS FL 33410</del> US
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2. Principal Place of Business 3307 Northlake Blvd. Suite Apt. #, etc. Suite 107	3. Mailing Address 3307 Northlake Blvd. Suite Apt. #, etc. Suite 107
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1st MOORE      CR2E037 (10/05)

City & State Palm Beach Gardens FL	City & State Palm Beach Gardens FL		
Zip 33403	Country USA	Zip 33403	Country USA

4. FEI Number 59-2522216	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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)  
 3307 Northlake Blvd.  
 Suite 107  
 City  
 Palm Bch Gardens FL Zip Code  
 33403

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registered) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	SD <input type="checkbox"/> Delete
NAME	BENACK, SHARON
STREET ADDRESS	705 KINTYRE TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	<del>VP/D</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	KAVANAUGH, KEVIN
STREET ADDRESS	800 BANNOCK TERR
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	D <input type="checkbox"/> Delete
NAME	TRISTER, BILL
STREET ADDRESS	800 KINYPE CT
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<del>VP/D</del> <input type="checkbox"/> Delete
NAME	FRANCO, JOHN DR
STREET ADDRESS	700 BANNOCK LANE
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 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 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 exemptions contained in Section 119, 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 M. Franco*      4/26/06      561-6262778