

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90052 021 \*\*\*\*61.25

40097800



03272007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N08427</b> 1. Entity Name VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 3307 NORTHLAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403 US		Mailing Address 3307 NORTHLAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403 US	
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEWIS, WILLIAM F. 3307 NORTHLAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403		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)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENACK, SHARON	NAME	
STREET ADDRESS	705 KINTYRE TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM PLEASANT	NAME	
STREET ADDRESS	803 BANNOCK TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, KEVIN	NAME	
STREET ADDRESS	800 BANNOCK TERR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRISTER, BILL	NAME	
STREET ADDRESS	800 KINYPE CT	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, JOHN DR	NAME	
STREET ADDRESS	700 BANNOCK LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
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 exemptions contained in Chapter 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: <i>William E. Pleasant</i>		Date: 3/30/07	Daytime Phone #: (561) 626-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			