

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90053 041 ****61.25

DOCUMENT # 10538

1. Entity Name

GLEN EAGLES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

40 PRIME MANAGEMENT
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON, FL. 33487

40 PRIME MANAGEMENT
 6300 PARK OF COMMERCE
 BOCA RATON, FL. 33487

60020209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2392776

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
~~40 PRIME MANAGEMENT~~
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL. 33487

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: **PRESIDENT** Delete
 NAME: **FRANK CALZARETTA, JR.**
 STREET ADDRESS: **7465 GLENDEVON LANE, #1206**
 CITY-ST-ZIP: **DELLAY BEACH, FL. 33446**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VICE PRESIDENT** Delete
 NAME: **JOSEPH YOUNG**
 STREET ADDRESS: **7527 GLENDEVON LANE, # 801**
 CITY-ST-ZIP: **DELLAY BEACH, FL. 33446**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **TREASURER** Delete
 NAME: **SEYMOUR EICHINGER**
 STREET ADDRESS: **7449 GLENDEVON LANE, #102**
 CITY-ST-ZIP: **DELLAY BEACH, FL. 33446**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SECRETARY** Delete
 NAME: **HERBERT DELL**
 STREET ADDRESS: **7563 GLENDEVON LANE, # 1304**
 CITY-ST-ZIP: **DELLAY BEACH, FL. 33446**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **DIRECTOR** Delete
 NAME: **SHERMAN MARCUS**
 STREET ADDRESS: **7689 GLENDEVON LANE, #1807**
 CITY-ST-ZIP: **DELLAY BEACH, FL. 33446**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: **Seymour Eichinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

561-989-5067

Daytime Phone #

CR2E037 (11/00)