

FILED
Jun 30, 2002 8:00 am
Secretary of State

04-24-2002 90375 017 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10538
 1. Entity Name
Glen Eagles Condominium Assoc. Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
610 Lippman & Lippman
 Suite, Apt. #, etc.
6401 Congress Ave St. 140
 City & State
Boca Raton, FL 33487
 Zip Country
33487 USA

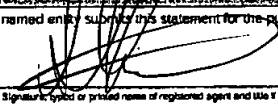
3. Mailing Address
610 Lippman & Lippman
 Suite, Apt. #, etc.
6401 Congress Ave St. 140
 City & State
Boca Raton, FL
 Zip Country
33487 USA

4. FBI Number
59-2392716
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

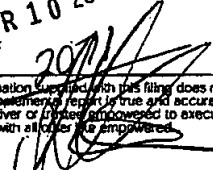
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name Steve Lippman
 Street Address (P.O. Box Number is Not Acceptable)
6401 Congress Ave
Suite 140
Boca Raton FL Zip Code 33487

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  DATE 6/21/02
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FEE IS \$81.25 Initial or Amended UBR
 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. OFFICERS AND DIRECTORS	
TITLE <u>D</u> NAME <u>Bernard Harris</u> STREET ADDRESS <u>7581 Glendevon Lane #1407</u> CITY-ST-ZIP <u>Delray Beach, Fla 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>D</u> NAME <u>John Along</u> STREET ADDRESS <u>7479 Glendevon Lane #507</u> CITY-ST-ZIP <u>Delray Beach, Fla 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>D</u> NAME <u>Stanley Long</u> STREET ADDRESS <u>7461 Glendevon Lane #306</u> CITY-ST-ZIP <u>Delray Beach, Fla 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>D</u> NAME <u>Neel Dell</u> STREET ADDRESS <u>7563 Glendevon Lane #1304</u> CITY-ST-ZIP <u>Delray Beach, Fla 33446</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

PAT
APR 10 2002


12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 on an attachment with an address, with all other employees.
 SIGNATURE: BERNARD HARRIS DATE 5/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)