

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 033 ****61.25



DOCUMENT # N10538
 1. Entity Name
GLENEAGLES CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business
 C/O LIPPMAN
 6401 CONGRESS AVE STE 140
 BOCA RATON, FL 33487

Mailing Address
 C/O LIPPMAN
 6401 CONGRESS AVE STE 140
 BOCA RATON, FL 33487

BY: 2832
50037568



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2392776 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LIPPMAN, STEVE
6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487

7. Name and Address of Now 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, BERNARD		NAME	North, Richard	
STREET ADDRESS	7581 GLENDEVON LANE # 1407		STREET ADDRESS	7515 Glendevon Lane # 608	
CITY-ST-ZIP	BOCA RATON, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT, DELL		NAME	Drew, Donald	
STREET ADDRESS	7563 GLENDEVON LANE #1304		STREET ADDRESS	7677 Glendevon Lane # 1708	
CITY-ST-ZIP	BOCA RATON, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOONS, JOSEPH		NAME	Arnold, Norman	
STREET ADDRESS	7527 GLENDEVON LANE #801		STREET ADDRESS	7677 Glendevon Lane # 1701	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	2VD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZARUS, JEROME		NAME	Yang, Joseph	
STREET ADDRESS	7581 GLENDEVON LN #1404		STREET ADDRESS	7527 Glendevon Lane # 801	
CITY-ST-ZIP	BOCA RATON, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	3VD	<input checked="" type="checkbox"/> Delete	TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, SHERMAN		NAME	LAZARUS, Jerome	
STREET ADDRESS	7689 GLENDEVON LANE #1807		STREET ADDRESS	7581 Glendevon Lane # 1404	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
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 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 the empowered.

SIGNATURE: _____ DATE: 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time/Phone #