2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # N10538 1. Entity Name GLENEAGLES CONDOMINIUM I ASSOCIATION, INC.								05-01-2	.006 9038			
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				4007		BY:_				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03042006	Chg-NP	CR2	E037 (11	/05)	
City & State			City & State				4. FEI Number					
Zip	Country		Zip		Country		5. Certificate of Status Desired S8.75 Additive Fee Required				ional	
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of N	lew Register	d Agent		
	0751			•	Name							
LIPPMAN, STEVE 6401 CONGRESS AVE					Street A	ddress (F	P.O. Box Numbe	er is Not Accep	otable)			
STE 140 BOCA RAT	TON, FL. 3	33487						-				
	,				City				F	EL Z	ip Code	
	named entiti	y submits this statement for	r the purpose of ch	anging its regi	istered office or	register	ed agent, or bot	h, in the State	of Florida. 1	am familia	r with, a	nd accept
 02g2												
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE, Reg	gistered Agent signat	ure required	when reinstating)		DAT	E.		
	Filing Fe	or printed name of registered agent. e is \$61.25 fay 1, 2006	9. EI	(NOTE. Reg ection Campai rust Fund Conti	ign Financing		when reinstating) \$5.00 May B Added to Fees	e	Make ch Florida Dej	eck pay		te
	Filing Fe	e is \$61.25 fay 1, 2006	9. EI Tr	ection Campai	ign Financing ribution.		\$5.00 May B Added to Fees		Make ch Florida De _l	eck pay partmen	t of Sta	
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12. I hereby certify that the information supplied with this filling 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 reported by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with as patiess, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TUNE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #