


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

04-16-2007 90055 048 ****16.25
 08-13-2007 90020 009 ****61.25

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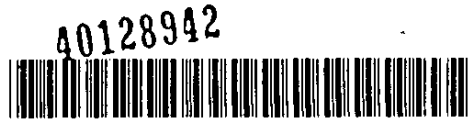
1. Entity Name
GLENEAGLES CONDOMINIUM I ASSOCIATION, INC.



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**

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2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

07302007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2392776

Applied For
 Not Applicable

Zip Country

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

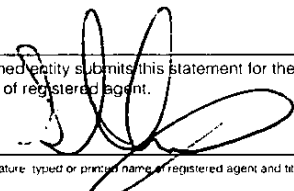
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPPMAN, STEVE
 6401 CONGRESS AVE
 STE 140
 BOCA RATON, FL 33487**

Name Lippman, Steve
 Street Address (P.O. Box Number is Not Acceptable)
1000 South Rogers Circle # 3
 City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 14, 2007**

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 Delete
 NAME **D NORTH, RICHARD**
 STREET ADDRESS **7515 GLENDEVEN LANE #608**
 CITY-ST-ZIP **BOCA RATON, FL 33446**

TITLE Change Addition
 NAME North, Richard

TITLE Delete
 NAME **DREW, DONALD**
 STREET ADDRESS **7677 GLENDEVEN LANE #1708**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE Change Addition
 NAME Glickman, Gail
 STREET ADDRESS 7665 Glendevon Lane #607
 CITY-ST-ZIP Delray Beach FL 33446

TITLE Delete
 NAME **S EBEL, LORRAINE**
 STREET ADDRESS **7575 GLENDEVON LN 605**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE Change Addition
 NAME Chiuchio, Ralph
 STREET ADDRESS 7485 Glendevon Lane 411 08
 CITY-ST-ZIP Delray Beach, FL 33446

TITLE Delete
 NAME **VP ARNOLD, NORM**
 STREET ADDRESS **7677 GLENDEVON LN 1701**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RALPH CHIUCHIOLO TREAS.** Date 8-9-07 Daytime Phone #