


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 017 ****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

4000330-



2. Principal Place of Business - No P.O. Box #
15390 Strathearn Dr

3. Mailing Address
PO Box 480337

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33446

Country
USA

Zip
33448

Country
USA

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
1200 SOUTH ROGERS CIRCLE #3
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name **DAPA Maint. & Maint Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
204 Bella Vista Way
 City **Royal Palm Bch** FL Zip Code **33411**

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 *David Chanchilla* **David Chanchilla, Pres.** 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, 2008

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

TITLE	P <input type="checkbox"/> Delete
NAME	NORTH, RICHARD
STREET ADDRESS	7515 GLENDEVEN LANE #608
CITY-ST-ZIP	BOCA RATON, FL 33446
TITLE	D <input type="checkbox"/> Delete
NAME	GLICKMAN, GAIL
STREET ADDRESS	7665 GLEN DEVEN LANE #1607
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	S <input type="checkbox"/> Delete
NAME	EBEL, LORRAINE
STREET ADDRESS	7575 GLENDEVON LN 605
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VP <input type="checkbox"/> Delete
NAME	ARNOLD, NORM
STREET ADDRESS	7677 GLENDEVON LN 1701
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	T <input type="checkbox"/> Delete
NAME	CHIUCHLO, RALPH
STREET ADDRESS	7485 GLENDEVEN LANE #1108
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard North* **Richard North** Date **Jan 17, 2008** Daytime Phone # **499-7272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR