

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUL 14 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N10538</b> 1. Entity Name <b>GLENEAGLES CONDOMINIUM I ASSOCIATION, INC.</b>					
Principal Place of Business 15390 STROTHERN DR DELRAY BEACH, FL 33446			Mailing Address P.O. BOX 480337 DELRAY BEACH, FL 33448		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2392776</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAPA MAINT. & MGMT INC. 204 BELLA VISTA WAY ROYAL PALM BEACH, FL 33411				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTH, RICHARD		NAME		
STREET ADDRESS	7515 GLENDEVEN LANE #608		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICKMAN, GAIL		NAME		
STREET ADDRESS	7865 GLEN DEVEN LANE #1607		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EBEL, LORRAINE		NAME		
STREET ADDRESS	7575 GLENDEVON LN 605		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, NORM		NAME		
STREET ADDRESS	7677 GLENDEVON LN 1701		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIUCHLO, RALPH		NAME		
STREET ADDRESS	7485 GLENDEVEN LANE #1108		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
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 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: <u>Lorraine Ebel</u>			Date: <u>7/3/08</u>		Daytime Phone #: <u>561-865-4192</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

7/17/08