

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90473 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**

11003118



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2392776**

Applied For

Not Applicable

Zip

Country

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	HARRIS, BERNARD	
STREET ADDRESS	7581 GLENDEVON LANE # 1407	
CITY-ST-ZIP	BOCA RATON FL 33446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERBERT, DELL	
STREET ADDRESS	7563 GLENDEVON LANE #1304	
CITY-ST-ZIP	BOCA RATON FL 33446	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	ALONG, JOHN	
STREET ADDRESS	7479 GLENDEVON LANE # 507	
CITY-ST-ZIP	BOCA RATON FL 33446	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, STANLEY	
STREET ADDRESS	7461 GLENDEVON LANE # 306	
CITY-ST-ZIP	BOCA RATON FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Harris	
STREET ADDRESS	7581 Glendevon Lane II 1407	
CITY-ST-ZIP	Delray Beach, FLA 33446	
TITLE	Vice President & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Young	
STREET ADDRESS	7527 Glendevon Lane # 801	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome LAZARUS	
STREET ADDRESS	7581 Glendevon Lane # 1404	
CITY-ST-ZIP	Delray Beach FL 33446	
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 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 like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ *John Along* 4/17/03

CR2E037 (10/02)