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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11558 (6)**
1. Corporation Name
GLENEAGLES FAIRWAY HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HWY. SUITE 202
BOCA RATON FL 33431
US

C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HWY. SUITE 202
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified **10/14/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2696910** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **40 Seacrest Management Inc** 26 **40 Seacrest Management Inc**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **3700 Georgia Ave** 27 **3700 Georgia Ave**
City & State City & State

23 **West Palm Beach FL** 28 **West Palm Beach FL**
Zip Country Zip Country

24 **33406** 25 **USA** 29 **33406** 30 **USA**

9. Name and Address of Current Registered Agent

**PATTI, PAUL N.
HAWK-EYE MANAGEMENT, INC.
3901 NORTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **WILLIAM L McCLUSKEY**

82 Street Address (P.O. Box Number is Not Acceptable)
40 Seacrest Management Inc

83 **3700 Georgia Ave**

84 City **West Palm Beach** FL 85 Zip Code **33406**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when transferring) DATE **3/27/95**

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	TARAGAN, IRV
STREET ADDRESS	15456 STRATHHEARN DRIVE
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	RATTNER, JACK
STREET ADDRESS	7889 DUNDEE LANE
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	SOSKIN, KAL
STREET ADDRESS	15008 LOMOND HILLS TR.
CITY - ST - ZIP	DELRAY BCH FL
TITLE	PD
NAME	MAZOR, MCKEY
STREET ADDRESS	7801 DUNDEE LN
CITY - ST - ZIP	DELRAY BCH FL
TITLE	VD
NAME	BACHNER, JAMES
STREET ADDRESS	7745 DUNDEE LANE
CITY - ST - ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	No Longer director
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	William CLARVIT
6.4 CITY - ST - ZIP	7811 GLEN GARRY LANE DELRAY BEACH FL 33446

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/24/95** TELEPHONE: **787-496-4887**