

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N11558 (6)

1. Corporation Name  
**GLENEAGLES FAIRWAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
Paul N. Patti  
Hawk-Eye Management, Inc. MANAGEMENT INC.  
3901 N. Federal Highway, Ste. 202 FL 33406  
Boca Raton, FL 33431

3. Date Incorporated or Qualified 10/14/1985 3a. Date of Last Report 04/24/1995  
4. FEI Number 59-2698910 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc.  
23 City & State 27 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
~~MCCLOSKEY, WILLIAM  
C/O SEACREST MANAGEMENT INC  
3700 GEORGIA AVE.  
WEST PALM BEACH FL 33406~~

10. Name and Address of New Registered Agent  
81 Name Paul N. Patti  
82 St Hawk-Eye Management, Inc.  
83 3901 N. Federal Highway, Ste. 202  
84 Cr Boca Raton, Fl 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE *Paul N. Patti* PAUL N. PATTI DATE 4-2-96

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	TARAGAN, IRV	STREET ADDRESS	15456 STRATHEARN DRIVE	CITY-ST-ZIP	DELRAY BEACH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	RATTNER, JACK	STREET ADDRESS	7889 DUNDEE LANE	CITY-ST-ZIP	DELRAY BEACH FL	<input type="checkbox"/> DELETE
TITLE	PD	NAME	MAZOR, MICKEY	STREET ADDRESS	7801 DUNDEE LN	CITY-ST-ZIP	DELRAY BCH FL	<input checked="" type="checkbox"/> DELETE
TITLE	VD	NAME	BACHNER, JAMES	STREET ADDRESS	7745 DUNDEE LANE	CITY-ST-ZIP	DELRAY BCH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	CLARVIT	STREET ADDRESS	7811 GLEN GARRY LANE	CITY-ST-ZIP	DELRAY BEACH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

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	V. Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH NEWHA	
3.3 STREET ADDRESS	7915 GLEN GARRY LANE	
3.4 CITY-ST-ZIP	DELRAY BEACH FL.	
4.1 TITLE	Pres	<input checked="" 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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: *James Bachner* Pres. DATE: 3/19/96 DISTRICT PHONE: 467-392-1601

CR2E037 (12/95)