

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N11558 (6)

1. Corporation Name
GLENEAGLES FAIRWAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O PAUL PATTI 3901 NORTH FEDERAL HWY SUITE 202 BOCA RATON FL 33431 US
C/O PAUL PATTI 3901 NORTH FEDERAL HWY STE 202 BOCA RATON FL 33431-4509 US

3. Date Incorporated or Qualified 10/14/1985
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.
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

9. Name and Address of Current Registered Agent
PATTI, PAUL N.
HAWKEYE MANAGEMENT INC
3901 NORTH FEDERAL HWY STE 202
BOCA RATON FL 33431
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST TARAGAN, IRV 15456 STRATHEARN DRIVE DELRAY BEACH FL	1.1 TITLE	VP Newman, Joe 7915 Glengarry Lane Delray, Bch, FL - 3
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP RATTNER, JACK 7889 DUNDEE LANE DELRAY BEACH FL	2.1 TITLE	P Topkin, Ed 13453 Strathearn Dr. Delray Bch, FL.
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D NEWMNA, JOSEPH 7915 GLENGARRY LANE DELRAY BEACH FL	3.1 TITLE	P Lapin, Ron 7754 Glendevon Lane Delray Beach, FL.
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P BACHNER, JAMES 7745 DUNDEE LANE DELRAY BCH FL	4.1 TITLE	P Aitman, Henry 15385 Strathearn Drive Delray Beach, FL.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CLARVIT 7811 GLEN GARRY LANE DELRAY BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0038606

CR2E037 (9/96)