

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/O PAUL PATTI 3901 NORTH FEDERAL HWY SUITE 202 BOCA RATON FL 33431 US | Mailing Address C/O PAUL PATTI 3901 NORTH FEDERAL HWY STE 202 BOCA RATON FL 33431 US |
|--|--|

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 10/14/1985 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 4. FEI Number 59-2698910 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | ST TARAGAN, IRV | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 2nd VP/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 15456 STRATHEARN DRIVE | | 1.2 NAME Sol Zuckerman |
| STREET ADDRESS | DELRAY BEACH FL | | 1.3 STREET ADDRESS 7774 Dundee Lane |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP DELRAY BEACH, FL. 33446 |
| TITLE | VD NEWMAN, JOE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 7915 GLENGARY LANE | | 2.2 NAME Phil Rauch |
| STREET ADDRESS | DELRAY BCH FL | | 2.3 STREET ADDRESS 15401 Strathearn Drive. |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP DELRAY BEACH, FL. 33446 |
| TITLE | P TOPKIN, ED | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 15453 STRATHEARN DR | | 3.2 NAME |
| STREET ADDRESS | DELRAY BCH FL | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| TITLE | D LAPIN, RON | <input type="checkbox"/> DELETE | 4.1 TITLE Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 7754 GLENDEVON LANE | | 4.2 NAME |
| STREET ADDRESS | DELRAY BCH FL | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | D ALTMAN, HENRY | <input type="checkbox"/> DELETE | 5.1 TITLE 1st VP/ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 15385 STRATHEARN DRIVE | | 5.2 NAME |
| STREET ADDRESS | DELRAY BCH FL | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP |

14. 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 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: *Paul Patti* *Phil Rauch* 4/3/98

CR2E037 (10/97)