

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90161 014 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N11558

1. Entity 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 33431-4509 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2698910** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent PATTI, PAUL N. HAWKEYE MANAGEMENT INC 3901 NORTH FEDERAL HWY STE 202 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP ZUCKERMAN, SOL 7774 DUNDEE LNAE DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Martin Gurowitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7755 Glendevon Lane Delray Beach, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAUCH, PHIL 15401 STRATHEARN DRIVE DELRAY BCH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOPKIN, ED 15453 STRATHEARN DR DELRAY BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARE, JERRY 7484 GLENDEVON LANE DELRAY BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FVPD ALTMAN, HENRY 15385 STRATHEARN DRIVE DELRQAY BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071, 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: *Paul Zuckerman* **REQUIRED** **SIGN DATE** **4/7/00** **561-499-8130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)