

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90434 040 ****61.25

DOCUMENT # N11558

1. Entity 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
 US

CU042461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTI, PAUL N.
HAWKEYE MANAGEMENT INC
3901 NORTH FEDERAL HWY STE 202
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SVPD** Delete
 NAME: **ZUCKERMAN, SOL**
 STREET ADDRESS: **7774 DUNDEE LNAE**
 CITY-ST-ZIP: **DELRAY BEACH FL 33446**

TITLE: **D** Change Addition
 NAME: **Howard Perlman**
 STREET ADDRESS: **7884 Glen Garry Dr**
 CITY-ST-ZIP: **Delray Beach, FL 33446**

TITLE: **TD** Delete
 NAME: **RAUCH, PHIL**
 STREET ADDRESS: **15401 STRATHEARN DRIVE**
 CITY-ST-ZIP: **DELRAY BCH FL 33446**

TITLE: **D** Change Addition
 NAME: **Living Taragan**
 STREET ADDRESS: **15456 Strathearn Dr**
 CITY-ST-ZIP: **Delray Beach, FL 33446**

TITLE: **P** Delete
 NAME: **TOPKIN, ED**
 STREET ADDRESS: **15453 STRATHEARN DR**
 CITY-ST-ZIP: **DELRAY BCH FL**

TITLE: Change Addition

TITLE: **SD** Delete
 NAME: **GARE, JERRY**
 STREET ADDRESS: **7484 GLENDEVON LANE**
 CITY-ST-ZIP: **DELRAY BCH FL**

TITLE: Change Addition

TITLE: **D** Delete
 NAME: **GAROWITZ, MARTIN**
 STREET ADDRESS: **7755 GLENDOWON LANE**
 CITY-ST-ZIP: **DELRAY BEACH FL 33446**

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

12. 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 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: **PHIL RAUCH TREAS** *Phil Rauch Treas* **3/31/01** **561-495-5953**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)