


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-03-2006 90388 038 ****61.25

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 US		
2. Principal Place of Business <i>2328 S. CONGRESS AVE</i> Suite, Apt. #, etc. <i>Suite 2A</i> City & State <i>West Palm Beach</i>		3. Mailing Address <i>2328 S. CONGRESS AVE</i> Suite, Apt. #, etc. <i>Suite 2A</i> City & State <i>West Palm Beach</i>		03292006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2698910		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. 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 KAREN GAGLIANO Street Address (P.O. Box Number is Not Acceptable) 955 N.W. 17TH AVE., SUITE N City DELRAY BEACH FL Zip Code 33445		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Karen Gagliano</i> KAREN GAGLIANO		DATE 4/25/06			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCKERMAN, SOL 7774 DUNDEE LNAE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCKERMAN, SOL 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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	TD RAUCH, PHIL 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTSAFF, JERRY 7785 DUNDEE LANE DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDY HOTZ 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, HERBERT 15974 LENARD HILL TRAIL DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREEDMAN, HERBERT 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, NANCY 75F02 GLENDWON LN DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODMAN, NANCY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 <input checked="" 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 exemptions contained in Chapter 119, 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: <i>Sol Zuckerman Patti</i>		Date _____ Daytime Phone # _____			