

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90218 015 ****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

3. Mailing Address

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SVPD ZUCKERMAN, SOL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7774 DUNDEE LNAE DELRAY BEACH FL 33446	
TITLE NAME	TD RAUCH, PHIL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	15401-STRATHEARN-DRIVE DELRAY BCH FL 33446	
TITLE NAME	D PENMAN, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7884 GLEN GARRY DR DELRAY BEACH FL 33446	
TITLE NAME	D GAROWITZ, MARTIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7755 GLENDOWON LANE DELRAY BEACH FL 33446	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD ZUCKERMAN, SOL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7774 DUNDEE LNAE DELRAY BEACH, FL 33446	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Penman, Howard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7884 Glen Garry Lane Delray Beach, FL 33446	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Goodman, Nancy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7502 Glendon Lane Delray Beach, FL 33446	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

Philip F. Rauch **PHILIP F. RAUCH TREAS. 4/7/03**

CR2E037 (10/02)