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55 MAY - 1 11:11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14933 (8)
1. Corporation Name
GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business C/O PRIME MANAGEMENT GROUP 1051 S. ROGERS CIR. BOCA RATON FL 33487 US	Mailing Address C/O PROFESSIONAL GROUP 6406 CONGRESS AVENUE STE 125 BOCA RATON FL 33487 US
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21. Principal Place of Business 21	2a. Mailing Address 26 <i>C/O Prime Management Group</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>1051 S. Rogers Circle</i>
City & State 23	City & State 28 <i>Boca Raton FL</i>
Zip 24	Country 25
29 <i>33487</i>	30 <i>U.S.A.</i>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2698874	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SWATT, MYRON I. 1051 S. ROGERS CIR. BOCA RATON FL 33487	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	RIFKIN, BERNIE
STREET ADDRESS	15670 LOCH MAREE LN #6201
CITY ST ZIP	DELRAY BEACH FL 33448
TITLE	DT
NAME	REISS, JEAN
STREET ADDRESS	15831 LOCH MAREE LN 5504
CITY ST ZIP	DELRAY BEACH FL
TITLE	D
NAME	KAHNER, ELLIOT
STREET ADDRESS	15670 LOCH MAREE LANE #6202
CITY ST ZIP	DELRAY BEACH FL 33448
TITLE	D
NAME	GITLIN, LAWRENCE
STREET ADDRESS	15863 LOCH MAREE LN #2101
CITY ST ZIP	DELRAY BEACH FL
TITLE	PD
NAME	GRIES, ROBERT
STREET ADDRESS	15687 LOCH MAREE LN 2403
CITY ST ZIP	DELRAY BEACH FL
TITLE	SD
NAME	GUMM, ANNETTE
STREET ADDRESS	15791 LOCH MAREE LN 5203
CITY ST ZIP	DELRAY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<i>Diamond Burt</i>
63 STREET ADDRESS	<i>15790 Loch Maree Lane #3605</i>
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Robert Gries*
RIGHT TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N14933

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DICKHOLTZ, GILBERT
15799 LOCH MAREE LANE #5301
DELRAY BEACH, FL 33446