

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14933 (8)

1. Corporation Name

GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP
1051 S. ROGERS CIR.
BOCA RATON FL 33487
US

C/O PRIME MANAGEMENT GROUP
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified
05/14/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **10 PRV MAINTENANCE + MGMT INC**

2a. Mailing Address
26 **10 PRV MAINTENANCE + MGMT INC**

4. FEI Number
59-2698874

Applied For
 Not Applicable

22 **5421 45th STREET**

27 **5421 45th STREET**

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

23 **WEST PALM BEACH, FL**

28 **WEST PALM BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33407**

25 **PALM BEACH**

29 **33407**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON I.
1051 S. ROGERS CIR.
BOCA RATON FL 33487

81 Name **PEDRO R. VALDES**

82 Street Address (P.O. Box Number is Not Acceptable)
5421 45th STREET

83

84 City **WEST PALM BEACH**

FL

85 Zip Code
33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **PEDRO R. VALDES, PRES** **3/18/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	RIFKIN, BERNIE	15670 LOCH MAREE LN #6201	DELRAY BEACH FL	<input type="checkbox"/>
DT	REISS, JEAN	15831 LOCH MAREE LN 5504	DELRAY BEACH FL	<input type="checkbox"/>
D	KAHANER, ELLIOT	15670 LOCH MAREE LANE #6202	DELRAY BEACH FL 33446	<input type="checkbox"/>
D	GITLIN, LAWRENCE	15863 LOCH MAREE LN #2101	DELRAY BEACH FL	<input type="checkbox"/>
PD	GRIES, ROBERT	15687 LOCH MAREE LN 2403	DELRAY BEACH FL	<input type="checkbox"/>
SD	DIAMOND, BURT	15790 LOCH MAREE LN #3605	DELRAY BCH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	RIFKIN, BERNARD															SD	GRIES, ROBERT			VP/D	DIAMOND, BURT		

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 119.07(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: *[Signature]* **Jean H. Reiss**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96
Date

Daytime Phone #

CR2E037 (12/95)