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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N14933

GLE	ENEAGLES CONDOMINIUM III A	SSOCIATION, INC.					
Principa	Place of Business				7 75 50 4 2	ini ini iini 🚶	
C/O MAINTENANCE INC.  5421 45TH STREET  WEST PALM BEACH FL 33407  US  C/O MAINTENANCE INC.  5421 45TH STREET  WEST PALM BEACH FL 33407  US  US					75428_40047_28		
2 0						an arati diati brest fifti ifft	
2. Princi	pal Place of Business	2a. Mailing Address			Date Incorporated or Qualified	<u> </u>	
Suite, Apt. #, etc.		26			05/14/1986		
22	_	Suite, Apt. #, etc.		*	4. FEI Number		
City &	State	City & State			59-2698874	Applied For Not Applicable	
23		28			5. Certificate of Status Desired	\$8.75 Additional	
Zip	Country	Zip	Count	гу		Fee Required	
24	9. Name and Address of O	29	30	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Andread action	
VALDE	S, PEDRO R.		8	1 Name	Detailing ways of them registered	igent	
5421 4	15TH STREET		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33407			بأ				
			8:	3		<del> </del>	
			84	City		<del></del>	
11. Pursua	ant to the provisions of Sections 617.0502 a	ind 617,1508. Florida Statut	oo the char		poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	85 Zip Code	
agent.	I am familiar with, and accept the obligation	Florida. Such change was a	uthorized by	e-named corporati	poration submits this statement for the purpose of c	nanging its registered	
SIGNATUR	RE	. o., odellom 017.0303, Fig	nda Statutes	i.	accept the appoint	ment as registered	
12.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered Ager	t signature require	ed when reinstating)	•	
TITLE	OFFICERS AND D	JIRECTORS	13.	gis-o-o-quite	ADDITIONS/CHANGES TO OFFICERS AND		
NAME ,	RIFKIN, BERNARD	☐ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	7.0	
STREET ADDRES	15670 LOCH MAREE LN #6201		1.2 NAME		1	Change Addition	
CITY-ST-ZIP	DELRAY BEACH FL		1.3 STREET	i			
TITLE	VPT	☐ DELETE	1.4 CITY- ST	-ZIP	<del></del>		
NAME	MILTON SIROTA	LI DELETE	2.1 TITLE	j		Change Addition	
STREET ADDRES	TOOLS EVOLUTION THE LINE POSUA		2.2 NAME		•		
CITY-ST-ZIP TITLE	DELRAY-BEACH-FL	· • · • · · · · · · · · · · · · · · · ·	2.3 STREET	- 1			
NAME	D	☐ DELETE	3.1 TITLE	· ZIP	The second secon		
STREET ADDRESS	KAHANER, ELLIOT		3.2 NAME	j	į	Change Addition	
CITY-ST-ZIP	I TOUGHT COOL MARKE TANK BROWN		3.3 STREET	VDDRESS	·		
TITLE	DELRAY BEACH FL 33446		3.4. CITY-ST-	ZIP	,	. ]	
NAME	GITLIN, LAWRENCE	L] DELETE	4.1 TITLE			Change	
STREET ADDRESS	15863 LOCH MAREE LN #2101		4. 2 NAME			Change	
CITY-ST-ZIP	DELRAY BEACH FL		4.3 STREET A	I		. [	
TITLE	SD	☐ DELETE	4.4 C/TY-ST-2 5.1 TITLE	DP		,	
IAME	GUMM, ANNETTE		5.1 IIILE 5.2 NAME			Change Addition	
TREET ADDRESS	15791 LOCH MAREE LANE #5203		5.3 STREET AC	ORESS		,	
ITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-Z				
AME	P PEOTOAN SULVENIE	DELETE	6.1 TITLE			<u> </u>	
REET ADDRESS	BERTRAM DIAMOND		6.2 NAME	1	0	Change	
TY-ST-ZIP	15790 LOCH MAREE LN #3605 DELARY BCH FL		6.3 STREET AD	DRESS			
4 I becoke	PERMUI DOU LE		84 CITY-ST 711	. 1		ſ	

In the power of the control of the control of the control of the exemption stated in Section 119.07(3)(i), 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: