

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14933

1. Entity Name

GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90203 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O MAINTENANCE INC.  
 5421 45TH STREET  
 WEST PALM BEACH FL 33407  
 US

C/O MAINTENANCE INC.  
 5421 45TH STREET  
 WEST PALM BEACH FL 33407-1609  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698874

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, PEDRO R.  
 5421 45TH STREET  
 WEST PALM BEACH FL 33407

Name **MARIA VALDES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5421 45<sup>th</sup> STREET**  
 City **WEST PALM BEACH** FL Zip Code **33407**

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.

SIGNATURE *[Signature]* DATE **1/12/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIFKIN, BERNARD	
STREET ADDRESS	15670 LOCH MAREE LN #6201	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MILTON SIROTA	
STREET ADDRESS	15622 LOCH MAREE LN #6804	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHANER, ELLIOT	
STREET ADDRESS	15670 LOCH MAREE LANE #6202	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	GITLIN, LAWRENCE	
STREET ADDRESS	15863 LOCH MAREE LN #2101	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUMM, ANNETTE	
STREET ADDRESS	15791 LOCH MAREE LANE #5203	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERTRAM DIAMOND	
STREET ADDRESS	15790 LOCH MAREE LN #3605	
CITY-ST-ZIP	DELRAY BCH FL	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSMAN, SEYMOUR	
STREET ADDRESS	1503 LOCH MAREE LANE #4604	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN SIKOWITZ	
STREET ADDRESS	15680 LOCH MAREE LN	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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. **BERTRAM DIAMOND**

SIGNATURE: *[Signature]* DATE: **1-12-00** DAYTIME PHONE #: **561-499-9413**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)