

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90133 026 \*\*\*\*61.25

**DOCUMENT # N14933**

1. Entity Name

**GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.**

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  
 US

2. Principal Place of Business

3. Mailing Address

*C/O PRV MAINTENANCE INC.*  
 Suite, Apt. #, etc.

*C/O PRV MAINTENANCE INC.*  
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES, MARIA**  
**5421 45TH STREET**  
**WEST PALM BEACH FL 33407**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	ROSMAN, SEYMOUR	15703 LOCH MAREE LANE, #4604	DELRAY BEACH FL	<input type="checkbox"/>
VPT	MILTON SIROTA	15622 LOCH MAREE LN #6804	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"/>
D	GUMM, ANNETTE	15791 LOCH MAREE LANE #5203	DELRAY BEACH FL	<input type="checkbox"/>
P	BERTRAM DIAMOND	15790 LOCH MAREE LN #3605	DELRAY BCH FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
PD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
VP D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Milton Sirota, Treas.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/10/01* Daytime Phone #: *561-499-7272*

CR2E037 (10/00)