

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90040 007 ****61.25

DOCUMENT # N14933

1. Entity Name

GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1/6 DAPA MAINT + MGMT INC -

1/6 DAPA MAINT + MGMT INC -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6312 NW 38TH DRIVE

6312 NW 38TH DRIVE

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

4. FEI Number

59-2698874

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

U.S.A.

33067

U.S.A.

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, MARIA
5421 45TH STREET
WEST PALM BEACH FL 33407

Name **DAPA MAINTENANCE + MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)
6312 NW 38TH DRIVE

City **CORAL SPRINGS, FL** FL Zip Code **33067**

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.

DAVID CHINCHILLA, PRESIDENT

SIGNATURE

David Chinchilla - President

1/10/02

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	SD ROSMAN, SEYMOUR 15703 LOCH MAREE LANE, #4604 DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MILTON SIROTA 15622 LOCH MAREE LN #6804 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHANER, ELLIOT 15670 LOCH MAREE LANE #6202 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GITLIN, LAWRENCE 15863 LOCH MAREE LN #2101 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUMM, ANNETTE 15791 LOCH MAREE LANE #5203 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERTRAM DIAMOND 15790 LOCH MAREE LN #3805 DELRAY BCH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, IRA 15711 LOCH MAREE LANE #4701 DELRAY BEACH, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUMM, ANNETTE 15791 LOCH MAREE LANE #5203 DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 reports 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
MILTON S. SIROTA

1/10/02 (561) 498-1734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (9/01)