


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90070 002 \*\*\*\*61.25

DOCUMENT # N14933					
1. Entity Name GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.					
Principal Place of Business C/O DAPA MAINT & MGMT INC 6312 NW 38TH DRIVE POMPANO BEACH FL 33067 US			Mailing Address C/O DAPA MAINTENANCE & MANAGEMENT INC PO BOX 480337 DELRAY BEACH FL 33448		
2. Principal Place of Business PO Box 480337		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELRAY BEACH, FL		City & State		4. FEI Number 59-2698874	
Zip 33448		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAPA MAINT & MGMT, INC 6312 NW 38TH DRIVE POMPANO BEACH FL 33067			7. Name and Address of New Registered Agent DAPA MAINT & MGMT INC 204 BELLA VISTA WAY ROYAL PALM BEACH FL 33411		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, IRA		NAME	JEROME SIKOWITZ	
STREET ADDRESS	15711 LOCH MAREE LANE #4701		STREET ADDRESS	15774 LOCH MAREE LANE #3806	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON SIROTA		NAME		
STREET ADDRESS	15622 LOCH MAREE LN #6804		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHANER, ELLIOT		NAME		
STREET ADDRESS	15670 LOCH MAREE LANE #6202		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITLIN, LAWRENCE		NAME		
STREET ADDRESS	15863 LOCH MAREE LN #2101		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMM, ANNETTE		NAME	GUMM, ANNETTE	
STREET ADDRESS	15791 LOCH MAREE LANE #5203		STREET ADDRESS	15791 LOCH MAREE LANE #5203	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTRAM DIAMOND		NAME		
STREET ADDRESS	15790 LOCH MAREE LN #3605		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		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.					
SIGNATURE: _____		LAWRENCE GITLIN		1/26/04 (561)499-7272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	