


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N14933 1. Entity Name GLENEAGLES CONDOMINIUM III ASSOCIATION, INC. |  |
|---|---|

| | |
|--|---|
| Principal Place of Business PO BOX 480337 DELRAY BEACH FL 33448 US | Mailing Address C/O DAPA MAINTENANCE & MANAGEMENT INC PO BOX 480337 DELRAY BEACH FL 33448 |
|--|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

| | |
|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
|-----------------------------|-----------------------------|

| | |
|---|--|
| 4. FEI Number 59-2698874 | Applied For <input type="checkbox"/> Not Applicable |
| 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 204 BELLA VISTA WAY WEST PALM BEACH FL 33411 | 7. Name and Address of New Registered Agent 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. 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, 2007**

| | |
|--|------------------------------------|
| 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 | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> Delete GLASSMAN, MAX 15695 LORM MAREE LANE #502 DELRAY BEACH FL 33446 |
| TITLE | VPT <input type="checkbox"/> Delete MILTON SIROTA 15622 LOCH MAREE LN #6804 DELRAY BEACH FL |
| TITLE | D <input type="checkbox"/> Delete KAHANER, ELLIOT 15670 LOCH MAREE LANE #6202 DELRAY BEACH FL 33446 |
| TITLE | PD <input type="checkbox"/> Delete GITLIN, LAWRENCE 15863 LOCH MAREE LN #2101 DELRAY BEACH FL |
| TITLE | D <input type="checkbox"/> Delete GUMM, ANNETTE 15791 LOCH MAREE LANE #5203 DELRAY BEACH FL 33446 |
| TITLE | VPD <input type="checkbox"/> Delete BERTRAM DIAMOND 15790 LOCH MAREE LN #3605 DELRAY BCH FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/23/07-80015-003 \$1.25 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 LAWRENCE GITLIN 1/19/07 (56)499-7272