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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28251

1. Corporation Name
GLADES EAST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 5995 BANNOCK TERR BOYNTON BCH FL 33437	Mailing Address 5995 BANNOCK TERR BOYNTON BCH FL 33437
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/08/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0105680
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CRYSTAL COMMUNITY MANAGEMENT, INC. C/O JOE BARTLETT 5995 BANNOCK TERR BOYNTON BCH FL 33437	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENBERG, SONIA 6136 TERRA MERE CIRCLE BOYNTON BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBS, JANYCE 6160 TERRA MERE CIR BOYNTON BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, RICHARD 11965 MONT LAKE DR BOYNTON BCH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD SCHAFER, ANDOR 6148 Terra Mere Circle Boynton Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, ROBERT 11995 MONT LAKE DR. BOYNTON BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D TAUB, ANDREW 6046 Terra Mere Circle Boynton Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLTAX, ALBERT 6159 TERRACE MERE CIR BOYNTON BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNOWITZ, MELVIN 11885 MONT LAKE DRIVE BOYNTON BCH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris Date: 4/13/99 Daytime Phone #: 561-734-8005

CR2E037 (1/98)

Glades East Homeowners Association, Inc.

5995 Bannock Terrace
Boynton Beach, Florida 33437

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(407) 734-8005

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BLASS, FAITH
6076 Terra Mere Circle
Boynton Beach, Fl

D
KORNBLUM, GERALD
6094 Terra Mere Circle
Boynton Beach, Fl

D
WEIL, SEYMOUR
6106 Terra Mere Circle
Boynton Beach, Fl