

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30183 (0)**
T. Corporation Name
GLENEAGLES CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business Mailing Address
7350 CLUNIE PLACE DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **01/13/1989** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0093591** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **40 Prime Management Group** 25 **40 Prime Management Group**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1051 S. Rogers Circle** 27 **1051 S. Rogers Circle**
City & State City & State
23 **Boca Raton, FL** 28 **Boca Raton, FL**
Zip Country Zip Country
24 **33487 USA** 29 **33487 USA** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SWATT, MYRON
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERMAN, LOU | 1.2 NAME | |
| STREET ADDRESS | 7350 CLUNIE PLACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELRAY BEACH FL | 1.4 CITY - ST - ZIP | |
| TITLE | VDS | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVY, MELVIN | 2.2 NAME | |
| STREET ADDRESS | 7356 CLUNIE PLACE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELRAY BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACOBS, STANLEY | 3.2 NAME | |
| STREET ADDRESS | 7248 CLUNIE PLACE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELRAY BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | SD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAIZEL, JOY | 4.2 NAME | Ehrlich, Joe |
| STREET ADDRESS | 7328 CLUNIE PLACE | 4.3 STREET ADDRESS | 7350 Clunie Place #3 |
| CITY - ST - ZIP | DELRAY BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | B | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, ARTHUR | 5.2 NAME | |
| STREET ADDRESS | 7306 CLUNIE PLACE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELRAY BEACH FL | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINER, RALPH | 6.2 NAME | |
| STREET ADDRESS | 7306 CLUNIE PLACE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELRAY BEACH FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Stanley Jacobs* (STANLEY JACOBS) TREAS. 4/10/95 1107-4967845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11/99)