

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30183 (0)**  
1. Corporation Name

**GLENEAGLES CONDOMINIUM VI ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
%PRIME MANAGEMENT GROUP 1051 S. ROGERS CIRCLE BOCA RATON FL 33487 US	% PRIME MANAGEMENT GROUP 1051 S. ROGERS CIRCLE BOCA RATON FL 33487 US

3. Date Incorporated or Qualified <b>01/13/1989</b>	3a. Date of Last Report <b>04/26/1995</b>
--	--

21. Principal Place of Business <b>6300 PARK OF COMMERCE BLDG</b>	22. Suite, Apt. #, etc.	26. Mailing Address <b>6300 PARK OF COMMERCE BLDG</b>	27. Suite, Apt. #, etc.
23. City & State <b>BOCA RATON FL</b>	24. Zip <b>33487</b>	28. City & State <b>BOCA RATON FL</b>	29. Zip <b>33487</b>
25. Country <b>FLORIDA</b>	30. Country <b>FLORIDA</b>		

4. FEI Number <b>65-0093591</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>SWATT, MYRON 1051 S. ROGERS CIRCLE BOCA RATON FL 33487</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
--	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BERMAN, LOU</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7350 CLUNIE PLACE</b>	CITY-ST-ZIP <b>DELRAY BEACH FL</b>	1.2 NAME	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>LEVY, MELVIN</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS <b>7356 CLUNIE PLACE</b>	CITY-ST-ZIP <b>DELRAY BEACH FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>TD</b>	NAME <b>JACOBS, STANLEY</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>7248 CLUNIE PLACE</b>	CITY-ST-ZIP <b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del>SP</del> <b>PD</b>	NAME <b>EHRlich, JOE</b>	3.2 NAME	
STREET ADDRESS <b>7350 CLUNIE PLACE #3</b>	CITY-ST-ZIP <b>DELRAY BEACH FL</b>	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>COHEN, ARTHUR</b>	4.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7386 CLUNIE PLACE</b>	CITY-ST-ZIP <b>DELRAY BEACH FL</b>	4.2 NAME	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE <b>VD</b>	NAME <b>WINER, RALPH</b>	4.4 CITY-ST-ZIP	
STREET ADDRESS <b>7308 CLUNIE PLACE</b>	CITY-ST-ZIP <b>DELRAY BEACH FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	5.2 NAME <b>JAY SASSON</b>	
		5.3 STREET ADDRESS <b>7380 CLUNIE PL.</b>	
		5.4 CITY-ST-ZIP <b>DELRAY BEACH, FL.</b>	
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME <b>FILMORE EVANS</b>	
		6.3 STREET ADDRESS <b>7356 CLUNIE PL.</b>	
		6.4 CITY-ST-ZIP <b>DELRAY BEACH FL</b>	

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: \_\_\_\_\_ Date: **4/23/96** Daytime Phone #: **4967845**

CR2E037 (12/95)