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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 6300 PARK OF COMMERCE BLVD. 1051 S. ROGERS CIRCLE BOCA RATON FL 33487 US  
Mailing Address: 6300 PARK OF COMMERCE BLVD. 1051 S. ROGERS CIRCLE BOCA RATON FL 33487-2816 US

3. Date Incorporated or Qualified: 01/13/1989  
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: 65-0093591  
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 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: 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: TD  
NAME: JACOBS, STANLEY  
STREET ADDRESS: 7248 CLUNIE PLACE  
CITY-ST-ZIP: DELRAY BEACH FL

1.1 TITLE: TD  
1.2 NAME: JACOBS, STANLEY  
1.3 STREET ADDRESS: 7248 CLUNIE PLACE  
1.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446

TITLE: PD  
NAME: EHRlich, JOE  
STREET ADDRESS: 7350 CLUNIE PLACE #3  
CITY-ST-ZIP: DELRAY BEACH FL

2.1 TITLE: PD  
2.2 NAME: EHRlich, JOE  
2.3 STREET ADDRESS: 7350 CLUNIE PLACE  
2.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446

TITLE: D  
NAME: SASSON, JAY  
STREET ADDRESS: 7380 CLUNIE PL.  
CITY-ST-ZIP: DELRAY BEACH FL

3.1 TITLE: DD  
3.2 NAME: SASSON, JAY  
3.3 STREET ADDRESS: 7380 CLUNIE PLACE  
3.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446

TITLE: VD  
NAME: EVANS, FILLMORE  
STREET ADDRESS: 7356 CLUNCE PL.  
CITY-ST-ZIP: DELRAY BEACH FL

4.1 TITLE: VD  
4.2 NAME: EVANS, FILLMORE  
4.3 STREET ADDRESS: 7356 CLUNIE PLACE  
4.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

5.1 TITLE: DD  
5.2 NAME: MELTZER, MORTON  
5.3 STREET ADDRESS: 7236 CLUNIE PLACE  
5.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

6.1 TITLE: [Blank]  
6.2 NAME: [Blank]  
6.3 STREET ADDRESS: [Blank]  
6.4 CITY-ST-ZIP: [Blank]

14. I do 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.

SIGNATURE: [Signature] TREAS 1/13/97 561-4967845

CR2E037 (9/96)