

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 30183
 1. Corporation Name **GLENEAGLES CONDO VI ASSN., INC.**

Principal Place of Business
 c/o PRV MAINTENANCE INC
 5421 45th STREET
 WEST PALM BEACH, FL 33407

21. Principal Place of Business	22. Mailing Address
23. Suits, Apt. #, etc.	24. Suits Apt. #, etc.
25. City & State	26. City & State
27. Zip	28. Country
29. Zip	30. Country

3. Date Incorporated or Qualified 1/12/89	3a. Date of Last Report 1997
4. FEI Number 65-0093591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.76 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRIME MGMT GROUP INC 6300 PK OF COMMERCE BLVD Boca Raton, FL				10. Name and Address of New Registered Agent			
81. Name	PRV MAINTENANCE INC.			85. Zip Code	33407		
82. Street Address (P.O. Box Number is Not Acceptable)	5421 45 th STREET						
83.							
84. City	WEST PALM BEACH		86. State	FL			

11. Pursuant to the provisions of Sections 117.0502 and 117.1506, 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 117.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P-D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FILLMORE EVANS		1.2 NAME				
STREET ADDRESS	786 CLUNIE PLACE #13106		1.3 STREET ADDRESS				
CITY - ST - ZIP	DELAAY BEACH, FL 33446		1.4 CITY - ST - ZIP				
TITLE	V-P-D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORTON MELTZER		2.2 NAME				
STREET ADDRESS	7236 CLUNIE PLACE #1530V		2.3 STREET ADDRESS				
CITY - ST - ZIP	DELAAY BEACH, FL 33446		2.4 CITY - ST - ZIP				
TITLE	T-D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ARNOLD ZUBATKIN		3.2 NAME				
STREET ADDRESS	7284 CLUNIE PLACE #14505		3.3 STREET ADDRESS				
CITY - ST - ZIP	DELAAY BEACH, FL 33446		3.4 CITY - ST - ZIP				
TITLE	S-D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOSEPH H. HALICH		4.2 NAME				
STREET ADDRESS	7250 CLUNIE PLACE #12503		4.3 STREET ADDRESS				
CITY - ST - ZIP	DELAAY BEACH, FL 33446		4.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROBERT SCHULBAUM		5.2 NAME				
STREET ADDRESS	7284 CLUNIE PLACE #14501		5.3 STREET ADDRESS				
CITY - ST - ZIP	DELAAY BEACH, FL 33446		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

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 Freemore S. Lewis Pres. Date 2-17-98 Daytime Phone # 561/499-7272