


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90079 028 ****61.25

DOCUMENT # N30183			
1. Entity Name GLENEAGLES CONDOMINIUM VI ASSOCIATION, INC.			
Principal Place of Business C/O LIPPMAN & LIPPMAN 6401 CONGRESS AVENUE STE 140 BOCA RATON, FL 33487 US		Mailing Address C/O LIPPMAN & LIPPMAN 6401 CONGRESS AVENUE STE 140 BOCA RATON, FL 33487 US	
2. Principal Place of Business PO BOX 480337		3. Mailing Address 90 DAPA MAINT + MGMT INC.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO BOX 480337	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL	
Zip 33448	Country U.S.A.	Zip 33448	Country U.S.A.
6. Name and Address of Current Registered Agent LIPPMAN, KAREN LIPPMAN & LIPPMAN 6401 CONGRESS AVENUE STE 140 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name DAPA MAINT. + MGMT. INC. Street Address (P.O. Box Number is Not Acceptable) 204 BELLA VISTA WAY ROYAL PALM BEACH City FL Zip Code 33411	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> - David Chinchilla - President		DATE 4/4/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EVANS, FILLMORE 7356 CLUNIE PLACE #13406 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MELTZER, MORTON 7238 CLUNIE PLACE #15302 DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RIFKIN, BERNARD 7284 CLUNIE PLACE #14506 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY - ST - ZIP RIFKIN, BERNARD 7284 CLUNIE PLACE #14506 DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GROSSMAN, HOWARD 7344 CLUNIE PLACE #13606 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENBLUM, EVERETT 7320 CLUNIE PL #13904 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>[Signature]</i> Pres. 4/5/05		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BERNARD RIFKIN			

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03112005 Chg-NP CR2E037 (10/03)

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

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