2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State 03-14-2005 90102 023 ****61.25

DOCL	IME	UT#	N35	987

1. Entity Name MYKONOS COURT HOMEOWNERS ASSOCIATION, INC.



C/O GLEN MANAGEMENT C/O 301 W. COMINO GARDENS BLVD #200 301 BOCA RATON, FL 33432 US BOCA		301 W. COMINO GARI BOCA RATON, FL 33	O GLEN MANAGEMENT 11 W. COMINO GARDENS BLVD #200 ICA RATON, FL 33432 US		50 <i>0</i>)2562 	
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address				ID: 01 1501
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		NP CR2E037	(10/03)	
City & State		City & State	City & State			 	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of Statu		8.75 Add	itional
	6. Name and Address of Current F	legistered Agent		7. Name and Addres	s of New Registered Ag		
			Name			·	
GLEN, ANDREW C C/O GLEN MANAGEMENT SERVICES 301 W COMINO GARDENS BLVD STE 200 BOCA RATON, FL 33432		00	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
			City			Zip Code	
					FL	Zip 0000	<u>'</u>
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing	ts registered office or reg	istered agent, or both, in the	State of Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable, (N	OTE: Registered Agent signature re	quired when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut			\$5.00 May Be Added to Fees	Make check Florida Departn			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE	TD	☐ Delete	TITLE		. (Change	Addition
NAME CYDEET ADDOCCE	FINICERSTEN, LYNN		NAME				ł
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE	D	□ Delete	TITLE			Change	Addition
NAME			NAME		•		
STREET ADDRESS	301 W CAMINO GARDENS BLV	#200	STREET ADDRESS				
CITY+ST-ZIP	BOCA RATON, FL 33432	·	CITY-ST-ZIP				
NAME	D LOWENDALE, DAPHNE	Delete _	TITLE			Change	Addition
STREET ADDRESS	301 W CAMINO GARDENS BLVE) #2NN	NAME STREET ADDRESS				
CITY-ST-ZIP		, #200	CITY-ST-ZIP				
	BOCA RATON, FL 33432		0117 Dr Liv				
TITLE	D BOCA RATON, FL 33432	☐ Delete	TITLE			☐ Change	☐ Addition
TITLE NAME		☐ Delete	<u> </u>			☐ Change	☐ Addition
NAME STREET ADDRESS	D COHEN, ROBERT 301 W CAMINO GARDENS BLVI		TITLE NAME STREET ADDRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ROBERT 301 W CAMINO GARDENS BLVI BOCA RATON, FL 33432) # 200	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COHEN, ROBERT 301 W CAMINO GARDENS BLVI BOCA RATON, FL 33432 PD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Change Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D COHEN, ROBERT 301 W CAMINO GARDENS BLVI BOCA RATON, FL 33432 PD LONDON, MARK) #200	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COHEN, ROBERT 301 W CAMINO GARDENS BLVI BOCA RATON, FL 33432 PD) #200	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D COHEN, ROBERT 301 W CAMINO GARDENS BLVE BOCA RATON, FL 33432 PD LONDON, MARK 301 W CAMINO GARDENS BLVE	D#200 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR