FILE NOW: FILING FEE IS $61.25

FILED
Mar 30, 1999 8:00 am
Secretary of State
03-30-1999 90047 042 ****61.25

0040406

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50329

1. Corporation Name
GLEN ABBEY WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 CENTURY BLVD WEST PALM BEACH FL 33417 US	100 CENTURY BLVD WEST PALM BEACH FL 33417 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/12/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0488287	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JAIVEN, JACK
19146 LYONS ROAD
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 Century Blvd.

83

84 City: West Palm Beach, **FL** 85 Zip Code: 33417

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, TIMOTHY J		1.2 NAME		
STREET ADDRESS	100 CENTURY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		1.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	2.1 TITLE	DVST	☒ Change ☐ Addition
NAME	JAIVEN, JACK		2.2 NAME	Jaiven, Jack	
STREET ADDRESS	19146 LYONS RD		2.3 STREET ADDRESS	100 Century Blvd.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, H. IRWIN		3.2 NAME		
STREET ADDRESS	100 CENTURY BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jack Jaiven, V.P. 3/31/99 (561) 640-3157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)