

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90002 011 ****61.25

DOCUMENT # N50329

1. Entity 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 33417-2262
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0488287

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAIVEN, JACK
100 CENTURY BLVD
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
 STREET ADDRESS **O'NEIL, TIMOTHY J**
 CITY-ST-ZIP **100 CENTURY BLVD**
WEST PALM BEACH FL 33417

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVST**
 STREET ADDRESS **JAIVEN, JACK**
 CITY-ST-ZIP **19146 LYONS RD**
BOCA RATON FL

TITLE Change Addition
 NAME **DVST**
 STREET ADDRESS **Jaiven, Jack**
 CITY-ST-ZIP **100 Century Blvd.**
West Palm Beach, FL 33417

TITLE Delete
 NAME **D**
 STREET ADDRESS **LEVY, H. IRWIN**
 CITY-ST-ZIP **100 CENTURY BLVD.**
W. PALM BCH. FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Jack Jaiven
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRE Jack Jaiven, v.p. 3/20/00

(561) 640-3105
 Daytime Phone #

CR2E037 (9/99)