

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 754982

(7)

1. Corporation Name

THE GLENS CONDOMINIUM, INC.

\$130.00

Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT
5295 TOWN CENTER RD STE 200
BOCA RATON FL 33433-5710C/O LANG MANAGEMENT
5295 TOWN CENTER RD STE 200
BOCA RATON FL 33433-5710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1980

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2052613

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☐\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM K. ISSACON
5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S/D
NAME HIMMELSTEIN, SONIA
STREET ADDRESS 6620 BOCA DEL MAR DR #308
CITY-ST-ZIP BOCA RATON FL 334331.1 TITLE ☐ Change ☒ Addition
1.2 NAME JEROME KORNFELD
1.3 STREET ADDRESS 6420 BOCA DEL MAR DR #304
1.4 CITY-ST-ZIP BOCA RATON FL 33433TITLE VD
NAME SIKOWITZ, LEONARD
STREET ADDRESS 6320 BOCA DEL MAR DR #508
CITY-ST-ZIP BOCA RATON FL 334332.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD
NAME SANDWEISS, SHIRLEY
STREET ADDRESS 6420 BOCA DEL MAR DR #401
CITY-ST-ZIP BOCA RATON FL 334333.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ATD
NAME LARRY LEVY
STREET ADDRESS 6420 BOCA DEL MAR DR #108
CITY-ST-ZIP BOCA RATON FL 334334.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ASD
NAME DAVID FRANK
STREET ADDRESS 6420 BOCA DEL MAR DR #304
CITY-ST-ZIP BOCA RATON FL 334335.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME GEORGE KLEIN
STREET ADDRESS 6620 BOCA DEL MAR DR #304
CITY-ST-ZIP BOCA RATON FL 334336.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name #)