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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 754982

(7)

THE GLENS CONDOMINIUM, INC.

FILED Apr 17 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address				t (46fit) 18401 Billig Graff farmt i Brit and bill ander ander ander ander ander				
C/O LANG M		C/O LANG MANAGEM						
	CENTER RD STE 200	5295 TOWN CENTER I BOCA RATON FL 3343				T =	·=	
BOCA RATON FL 33433-5710		DOOR HATON TE WA	W (110		3. Date Incorporated or Qualified 11/04/1980	3a. Date of Last 01/30/1		
6 D/IDI	as of Divisions	2a. Mailing Address			4. FEI Number		Applied For	
	ace of Business	26. Mailing Address			59-2052613	} - +	Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			\$9.75 A		Additional			
22 27		27			5. Certificate of Status Desired	□ Fee	Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23	13		28		Trust Fund Contribution			
Zip	Country	Zip	Country	1	8. This corporation has liability for in		. 199.032,	
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Ad	Alstered Water		
	WILLIAM K. ISSACON			Street A	Address (P.O. Box Number is Not Acceptable)			
	WN CENTER RD		83					
SUITE 2				<u> </u>				
BOCA R	ATON FL 33486		84	City		FL 85 Z	ip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the above-	named cor	rporation submits this statement for the purp board of directors. I hereby accept the appo	ose of changing its	registered office	
familiar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statute	is.	30101131	sound of directors (Tribines) according to appe			
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		IOTE: Registered Age	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI		DRS IN 12	
12. TITLE		DELETE	1.1 TITLE	ī		Change	Addition	
NAME	S/D LINAMET OTEIM COMIA		1.2 NAME	!	P/D	水	_	
STREET ADDRESS	HIMMELSTEIN, SONIA 6620 BOCA DEL MAR DR #3	no .		T ADDRESS	HIMMELSTEIN, SONIA			
	BOCA RATON FL 33433	00 /	1.5 STILL	ŀ	6620 BOCA DEL MAR BOCA RATON, FL 334	DK #308		
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TITLE	51 211	CATHERINE APPROBAT		Addition	
NAME	SIKOWITZ, LEONARD		2.2 NAME		6620 BOCA DEL MAR	.O #201	^	
STREET ADDRESS	6320 BOCA DEL MAR DR #5	ne.		T ADDRESS	BQCA RATON FL 3343	DK 4:201		
CITY-ST-ZIP	BOCA RATON FL 33433	· ·	2. 4 CITY	- ST-ZIP	V/D	,,,		
TITLE	TD	DELETE	3.1 TITLE		T/D	Change	Addition Addition	
NAME	SANDWEISS, SHIRLEY	•	3.2 NAME		JOSEPH BERMAN		/>	
STREET ADDRESS	6420 BOCA DEL MAR DR #4	01	3.3 STREE	T ADDRESS	6320 BOCA DEL MAR	DR #206		
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY	-ST-ZIP	BOCA RATON FL 3343	3		
TITLE	ATD	DOLLETE	4.1 TITLE		S/D	☐ Change	Addition	
NAME	LARRY LEVY		4. 2 NAM	E	REGINA REINHOLD			
STREET ADDRESS	6420 BOCA DEL MAR DR #1	08	4.3 STREE	T ADDRESS	6620 BOCA DEL MAR			
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-		BOCA RATON FL 3343	Change	Addition	
TITLE	ASD	DELETE	5.1 TITLE		WILLIAM D. GOLDBE	RG Change	Addition	
NAME	DAVID FRANK		5.2 NAME		6320 BOCA DEL MAR	DR #107		
STREET ADDRESS	6420 BOCA DEL MAR DR #3		. 1	et address	BOCA RATON FL 334			
CITY-ST-ZIP	BOCA RATON FL 33433	- Additi			<u> D</u>	☐ Change	Addition	
TITLE	ROBERT SHEINBE		6.1 TITLE		ROBERT SHEROFF		X Addition	
NAME	6420 BOCA DEL		6.2 NAME		6620 BOCA DEL MAR			
STREET ADDRESS	BOCA RATON FL			ET ADDRESS	BOCA RATON FL 334	3 3		
CITY-ST-ZIP			6.4 CITY	ST-ZIP	D lify for the exemption stated in Section 119.	07(3)(k) Florida State	ites I further	
44 Ldo borol	are continued that the information cumplied :	with this filing is valuntarily fu	irraistea and do	es not nua	ility ita ine exemption stated in Section 119.	ロハうけい こうけいは うばい	Juga, LIQUUIDI	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 Date

Daytime Phone #