

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 754982 (7)
 1. Corporation Name
THE GLENS CONDOMINIUM, INC.

Principal Place of Business C/O LANG MANAGEMENT 5295 TOWN CENTER RD STE 200 BOCA RATON FL 33433-5710	Mailing Address C/O LANG MANAGEMENT 5295 TOWN CENTER RD STE 200 BOCA RATON FL 33433-5710
---	---



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/04/1980
4. FEI Number 59-2052613
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WILLIAM K. ISSACON
5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HIMMELSTEIN, SONIA
STREET ADDRESS	6620 BOCA DEL MAR DR #308
CITY-ST-ZIP	BOCA RATON FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	LEVIN, RALPH
STREET ADDRESS	6620 BOCA DEL MAR DRIVE #201
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RIEVE, DORIS
STREET ADDRESS	6420 BOCA DEL MAR DRIVE #108
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LEVY, LARRY
STREET ADDRESS	6620 BOCA DEL MAR DRIVE #408
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHEINBERG, ROBERT
STREET ADDRESS	6420 BOCA DEL MAR DRIVE #501
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, DOROTHY
STREET ADDRESS	6320 BOCA DEL MAR DRIVE #505
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOROTHY WEINSTEIN
1.3 STREET ADDRESS	6320 BOCA DEL MAR DR #505
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT BACHKOSKY
2.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #703
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAWRENCE I. LEVY
3.3 STREET ADDRESS	6620 BOCA DEL MAR DRIVE #408
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELIZABETH E. NELSON
4.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #708
4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RALPH LEVIN
5.3 STREET ADDRESS	6620 BOCA DEL MAR DRIVE #201
5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRANK DEFAZIO
6.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #203
6.4 CITY-ST-ZIP	BOCA RATON, FL 33433

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.

SIGNATURE: _____ 3/25/98

CR2E037 (1097)