

2000-UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 044 ****70.00

1. Entity Name

THE GLENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

LANG MANAGEMENT

TOWN CENTER RD STE 200

RATON FL 33486

C/O LANG MANAGEMENT

5295 TOWN CENTER RD STE 200

BOCA RATON FL 33486-1080

2 Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2052613

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD

WEINSTEIN, DOROTHY

6320 BOCA DEL MAR DR #505

BOCA RATON FL 33433

VPD

BACHKOSKY, ROBERT

6420 BOCA DEL MAR DRIVE #703

BOCA RATON FL 33433

TD

RIEVE, DORIS E

6420 BOCA DEL MAR DRIVE #108

BOCA RATON FL 33433

SD

NELSON, ELIZABETH E

6420 BOCA DEL MAR DRIVE #708

BOCA RATON FL 33433

D

BACHKOSKY, ROBERT

6420 BOCA DEL MAR DRIVE #703

BOCA RATON FL 33433

D

DEFAZIO, FRANK

6420 BOCA DEL MAR DRIVE #203

BOCA RATON FL 33433

D

HIMMELSTEIN, SONIA

6620 BOCA DEL MAR DRIVE #308

BOCA RATON FL 33433

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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)