

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90079 002 \*\*\*\*70.00

**DOCUMENT # 754982**

1. Entity Name

THE GLENS CONDOMINIUM, INC.



Principal Place of Business

21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486

Mailing Address

21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2052613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM K. ISAACSON,  
21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEXLER, BARBARA  
CITY-ST-ZIP 6620 BOCA DEL MAR DR #303  
BOCA RATON FL 33433

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS KORN, NORMAN  
CITY-ST-ZIP 6420 BOCA DEL MAR DRIVE #307  
BOCA RATON FL 33433

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS LONGO, PAATRICIA  
CITY-ST-ZIP 6320 BOCA DEL MAR DR #306  
BOCA RATON FL 33433

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS RIEVE, HAROLD E  
CITY-ST-ZIP 6420 BOCA DEL MAR DR, #108  
BOCA RATON FL 33433

TITLE ☒ Delete  
NAME VPD  
STREET ADDRESS ILTON, ANN  
CITY-ST-ZIP 6620 BOCA DEL MAR DR., #508  
BOCA RATON FL 33433

TITLE ☒ Delete  
NAME D  
STREET ADDRESS DANIELS, LESLIE  
CITY-ST-ZIP 6420 BOCA DEL MAR DRIVE #703  
BOCA RATON FL 33433

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME PD  
STREET ADDRESS Sonia Hummelstein  
CITY-ST-ZIP 6620 Boca Del Mar Drive #308  
Boca Raton FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS Daniels, Leslie  
CITY-ST-ZIP 6320 Boca Del Mar Dr #703  
Boca Raton FL 33433

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 exemptions contained in Section 119, 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:

*Sonia Hummelstein*

3-17-06 561-395-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #