

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 754982	
1. Entry 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
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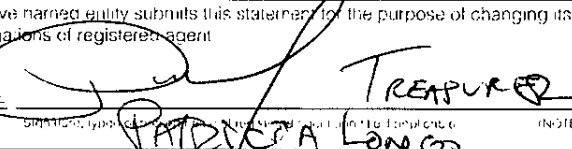


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
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 WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	
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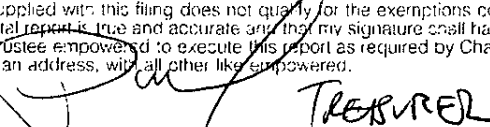
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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  PATRICIA LONGO	TREASURER  DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FRANKEL, BERNICE 6420 BOCA DEL MAR DR 304 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000855206 03/27/08-80036-024 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIMMELSTEIN, SONIA 6620 BOCA DEL MAR DR 308 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONGO, PAATRICIA 6320 BOCA DEL MAR DR #306 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIEVE, HAROLD E 6420 BOCA DEL MAR DR, #108 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANIELS, LESLIE 6320 DEL MAR DR 703 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FORMAN, RITA 6620 BOCA DEL MAR DR 707 BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **TREASURER** 