

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05966

**Entity Name:** GLENEAGLES COUNTRY CLUB, INC.

**Current Principal Place of Business:**

7667 VICTORY LANE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

7667 VICTORY LANE  
DELRAY BEACH, FL 33446

**FEI Number:** 59-2465667

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SPINA, KRAIG  
7667 VICTORY LANE  
DELRAY BEACH, FL 33446 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KARTZ, MICHAEL  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            FOGEL, HARVEY  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            BENSON, GREGG  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            KLIOZE, TRUDY  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            MARKS, DIDI  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            COHEN, ARTHUR  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            BARASH, KENNETH  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            FELDMAN, RICHARD  
Address        7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL KARTZ**

**PRESIDENT**

**03/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name PADOVER, ROGER  
Address 7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title ASST. SECRETARY  
Name MOSS, BARBARA  
Address 7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name CZELADNICKI, PAUL  
Address 7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446