

**2018 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 PD  
Name WOLK, STEPHEN  
Address 7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

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

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

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

Title ASST. TREASURER  
Name KAVANAGH , VINCENT JR.  
Address 7667 VICTORY LANE  
City-State-Zip: DELRAY BEACH FL 33446

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

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

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

**Continues on page 2**

*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: DONALD KAPLAN**

**TREASURER**

**04/20/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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