

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 24, 2024  
Secretary of State  
0210156694CC**

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:** No

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

Title           ASST. TREASURER  
Name           PADOVER, ROGER  
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: MICHAEL KARTZ**

**PRESIDENT**

**05/24/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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