

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08427

**FILED  
Apr 05, 2016  
Secretary of State  
CC3495863659**

**Entity Name:** VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANG MANAGEMENT COMPANY  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**Current Mailing Address:**

LANG MANAGEMENT COMPANY  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**FEI Number:** 59-2522216

**Certificate of Status Desired:** Yes

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

CARROLL, KEVIN M  
C/O LANG MANAGEMENT COMPANY INC  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486-1006 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 VP  
Name OLAH-BRENNAN, PAMELA  
Address 800 BANNOCK TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER/SECRETARY  
Name DOUGLAS, CATHERINE  
Address 805 ST. GILES TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT  
Name LEAHY, DARLENE  
Address 700 LOCHWICK TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name NEVILLE, TOM  
Address 801 BANNOCK TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name STEPHENS, CONSTANCE  
Address 804 BANNOCK TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** DARLENE LEAHY

**PRESIDENT**

**04/05/2016**

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

\_\_\_\_\_  
Date