

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

DOCUMENT# N08427

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

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**2885031113CC**

**Current Principal Place of Business:**

790 PARK OF COMMERCE BLVD.  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

790 PARK OF COMMERCE BLVD  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number: 59-2522216**

**Certificate of Status Desired: Yes**

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

CARROLL, KEVIN M  
790 PARK OF COMMERCE BLVD  
SUITE 200  
BOCA RATON, FL 33487 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 PRESIDENT  
Name DERN, KEVIN  
Address 704 KINTYRE TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER  
Name FIXLER, ARI  
Address 702 KINTYRE TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY  
Name DOUGLAS, CATHERINE  
Address 800 ST GILES COURT  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name ZATTO, KRISTEN  
Address 700 BANNOCK COURT  
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: DERN KEVIN**

**PRESIDENT**

**04/28/2023**

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

Date