

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08427

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

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC0207568386**

**Current Principal Place of Business:**

3307 NORTHLAKE BLVD  
SUITE 107  
WEST PALM BEACH, FL 33403

**Current Mailing Address:**

COMPLETE PROPERTY MANAGEMENT, INC.  
3307 NORTHLAKE BLVD., SUITE 107  
PALM BEACH GARDENS, FL 33403 US

**FEI Number:** 59-2522216

**Certificate of Status Desired:** No

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

LEWIS, WILLIAM F.  
3307 NORTHLAKE BLVD  
SUITE 107  
PALM BEACH GARDENS, FL 33403 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 DIRECTOR  
Name OLAH-BRENNAN, PAMELA  
Address 800 BANNOCK TERRACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

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

Title DIRECTOR  
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**

**04/27/2015**

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

\_\_\_\_\_  
Date