

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10538

**Entity Name:** GLENEAGLES CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

15390 STRATHEARN DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

C/O DAPA MAINT & MGMT, INC  
PO BOX 480337  
DELRAY BEACH, FL 33448

**FEI Number:** 59-2852615

**Certificate of Status Desired:** No

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

DAPA MAINTENANCE & MANAGEMENT INC.  
204 BELLA VISTA WAY  
ROYAL PALM BEACH, FL 33411 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 GLICKMAN, GAIL  
Address 7665 GLENDEVON LANE #1607  
City-State-Zip: DELRAY BEACH FL 33446

Title 2ND VICE PRESIDENT  
Name NORTH, RICHARD  
Address 7515 GLENDEVON LANE #608  
City-State-Zip: DELRAY BEACH FL 33446

Title PRESIDENT, TREASURER  
Name FISHMAN, LYNN  
Address 7533 GLENDEVON LANE #905  
City-State-Zip: DELRAY BEACH FL 33446

Title 1ST VICE PRESIDENT  
Name KAVANAGH, ANN B  
Address 7689 GLENDEVON LANE #1808  
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY  
Name MUSCARELLA, DORIS  
Address 7485 GLENDEVON LANE #1105  
City-State-Zip: DELRAY BEACH FL 33446

*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:** LYNN FISHMAN

PRESIDENT/TREAS

04/17/2014

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

\_\_\_\_\_ Date