

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

DOCUMENT# N30183

**Entity Name:** GLENEAGLES CONDOMINIUM VI 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 US

**FEI Number:** 65-0093591

**Certificate of Status Desired:** No

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

DAPA MAINT. & MGMT 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            PRESIDENT  
Name            RIFKIN, BERNARD  
Address        7284 CLUNIE PLACE #14506  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            GROSSMAN, HOWARD  
Address        7344 CLUNIE PLACE #13606  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            ROSENBLUM, EVERETT  
Address        7320 CLUNIE PL #13904  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            FRIEDLAND, SAUL  
Address        7242 CLUNIE PLACE #15205  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            ZUCKERMAN, SUSAN  
Address        7374 CLUNIE PLACE #13104  
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:** BERNARD RIFKIN

**PRESIDENT**

**03/16/2015**

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

\_\_\_\_\_  
Date