

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747412

1. Entity Name

GLENGARY HOME OWNERS ASSOCIATION, INC.

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90495 041 ****70.00

Principal Place of Business

Mailing Address

300 AVENUE OF CHAMPIONS
PALM BEACH GARDENS FL 33418
US

300 AVENUE OF CHAMPIONS
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1969417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUEEN, SUSAN M
300 AVENUE OF CHAMPIONS
PALM BCH. GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TARR, STEVE
300 AVENUE OF CHAMPIONS
WEST PALM BEACH FL 33418

☐ Delete

PD
PORTER, DAVID
300 AVENUE OF CHAMPIONS
PALM BCH. GARDENS FL

☐ Delete

VD
DICKER, PAUL
300 AVENUE OF CHAMPIONS
PALM BCH. GARDENS FL 33418

☐ Delete

D
KOSCHYK, RUDOLPH
300 AVENUE OF CHAMPIONS
PALM BCH. GARDENS FL

☐ Delete

SD
HOBBS, TOM
300 AVENUE OF CHAMPIONS
PALM BCH. GARDENS FL 33418

☐ Delete

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02

561 625 8588

CR2E037 (9/01)