

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 747412 1. Entry Name GLENGARY HOME OWNERS ASSOCIATION, INC.			FILED 08 DEC 30 PM 12: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US		Mailing Address 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US	
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc # 103		3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc # 103	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065		Zip 33065	
Country USA		Country USA	
4. FEI Number 59-1969417		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEEN, SUSAN M 300 AVENUE OF THE CHAMPIONS #120 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 City Coral Springs FL Zip Code 33065	
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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE Penic Campbell <i>De Finance United Comm Mgmt</i> 12/23/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 12/23/08	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S	<input type="checkbox"/> Delete NAME TARR, STEVE STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300139355659 12/30/08-01033-004
TITLE V	<input type="checkbox"/> Delete NAME GARGUILO, MARK STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300139355659 12/30/08-01033-004
TITLE P	<input type="checkbox"/> Delete NAME DICKER, PAUL STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300139355659 12/30/08-01033-004
TITLE D	<input type="checkbox"/> Delete NAME REWAK, DAVID STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300139355659 12/30/08-01033-004
TITLE D	<input type="checkbox"/> Delete NAME QUINN, WILLIAM STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300139355659 12/30/08-01033-004
TITLE D	<input type="checkbox"/> Delete NAME WASKIEWICZ, TIMOTHY STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300139355659 12/30/08-01033-004
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Penic Campbell		Date: 12/12/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	