


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 035 ****61.25

DOCUMENT # 754464 1. Entity Name GLENBROOK CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 3410 GARDENS EAST DR. PALM BEACH GARDENS FL 33410 US	Mailing Address 4239 NORTH LAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 US
---	---



2. Principal Place of Business	3. Mailing Address 3307 Northlake Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 107

1st MOORE CR2E037 (10/05)

City & State Palm Beach Gdns FL	4. FEI Number 59-2445860	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	-----------------------------	--

Zip 33403	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--------------	----------------	---	---------------------------------------

6. Name and Address of Current Registered Agent LEWIS, WILLIAM 4239 NORTH LAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 Northlake Blvd. Suite 107 City State Zip Code Palm Bch Gdns FL 33403
---	---

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P PISANO, FLORENCE	<input type="checkbox"/>
NAME	3402 GARDENS E DR APT 7B	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP		
TITLE	D ECKERT, CHARLES	<input type="checkbox"/>
NAME	3400 GARENS EAST DR, #6B	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP		
TITLE	D BONNER, ROBYN	<input type="checkbox"/>
NAME	3402 GARDENS E. DR APT. 22	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP		
TITLE	D LUKACS, MARY	<input type="checkbox"/>
NAME	3404 GARDENS EAST DR #23A	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP		
TITLE	D SCHILLING, ANN	<input type="checkbox"/>
NAME	3400 GARDENS EAST DR, #6A	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP		
TITLE	D PISANO-CHICCHETTI, GAIL	<input type="checkbox"/>
NAME	3400 GARDENS EAST DR, #18A	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Floure Pisano*

4/27/06 361-6262778