FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:14

DOCUMENT # 754982 (7)

1. Corporation Name
THE GLENS CONDOMINIUM, INC.

$130.00

Principal Place of Business	Mailing Address
C/O LANG MANAGEMENT 5295 TOWN CENTER RD STE 200 BOCA RATON FL 33433-5710	C/O LANG MANAGEMENT 5295 TOWN CENTER RD STE 200 BOCA RATON FL 33433-5710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1980
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2052613 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WILLIAM K. ISSACON
5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S/D	1.1 TITLE	☐ Change ☒ Addition
NAME	HIMMELSTEIN, SONIA	1.2 NAME	JEROME KORNFELD
STREET ADDRESS	6820 BOCA DEL MAR DR #308	1.3 STREET ADDRESS	6420 BOCA DEL MAR DR #304
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SIKOWITZ, LEONARD	2.2 NAME	
STREET ADDRESS	6320 BOCA DEL MAR DR #508	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDWEISS, SHIRLEY	3.2 NAME	
STREET ADDRESS	6420 BOCA DEL MAR DR #401	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	☐ Change ☐ Addition
NAME	LARRY LEVY	4.2 NAME	
STREET ADDRESS	6420 BOCA DEL MAR DR #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	ASD	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVID FRANK	5.2 NAME	
STREET ADDRESS	6420 BOCA DEL MAR DR #304	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE KLEIN	6.2 NAME	
STREET ADDRESS	6620 BOCA DEL MAR DR #304	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Klein 1/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013400