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# FILED
# Apr 22 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

**DOCUMENT # 754982** **(7)**

1. Corporation Name

**THE GLENS CONDOMINIUM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O LANG MANAGEMENT<br>5295 TOWN CENTER RD STE 200<br>BOCA RATON FL 33433-5710 | C/O LANG MANAGEMENT<br>5295 TOWN CENTER RD STE 200<br>BOCA RATON FL 33486-1088 |

3. Date Incorporated or Qualified: 11/04/1980
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HIMMELSTEIN, SONIA<br>6620 BOCA DEL MAR DR #308<br>BOCA RATON FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SAME | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>APPROBATO, CATHERINE<br>6620 BOCA DEL MAR DRIVE #201<br>BOCA RATON FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Vice President/Director<br>Ralph Levin<br>6620 boca Del Mar Drive #201<br>Boca Raton, FL 33433 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BERMAN, JOSEPH<br>6320 BOCA DEL MAR DRIVE #206<br>BOCA RATON FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Treasurer/Director<br>Doris Rieve,<br>6420 Boca Del Mar Drive #108<br>Boca Raton, FL 33433 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>REINHOLD, REGINA<br>6620 BOCA DEL MAR DRIVE #305<br>BOCA RATON FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Secretary/Director<br>Larry Levy<br>6620 Boca Del Mar Drive #408<br>~~Boca Raton, FL 33433~~ | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOLDBERG, WILLIAM D.<br>6320 BOC ADEL MAR DRIVE #107<br>BOCA RATON FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director<br>Robert Sheinberg<br>6420 Boca Del Mar Drive #501<br>~~Boca Raton, FL 33433~~ | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEROFF, ROBERT<br>6820 BOCA DEL MAR DIRVE #701<br>BOCA RATON FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Director<br>Dorothy Weinstein<br>6320 Boca Del Mar Drive #505<br>Boca Raton, FL 33433 | ☑ Change ☐ Addition |

CR2E037 (9/96)

14. I do 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 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:** SIGNATURE REQUIRED Sandra Sheinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044979