

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754982 (7)
1. Corporation Name
THE GLENS CONDOMINIUM, INC.

Principal Place of Business C/O LANG MANAGEMENT 5295 TOWN CENTER RD STE 200 BOCA RATON FL 33433-5710	Mailing Address C/O LANG MANAGEMENT 5295 TOWN CENTER RD STE 200 BOCA RATON FL 33433-5710
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/04/1980	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HIMMELSTEIN, SONIA	1.1 TITLE PD	1.2 NAME DOROTHY WEINSTEIN
STREET ADDRESS 6620 BOCA DEL MAR DR #308	CITY-ST-ZIP BOCA RATON FL	1.3 STREET ADDRESS 6320 BOCA DEL MAR DR #505	1.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE VPD	NAME LEVIN, RALPH	2.1 TITLE VPD	2.2 NAME ROBERT BACHKOSKY
STREET ADDRESS 6620 BOCA DEL MAR DRIVE #201	CITY-ST-ZIP BOCA RATON FL	2.3 STREET ADDRESS 6420 BOCA DEL MAR DRIVE #703	2.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE TD	NAME RIEVE, DORIS	3.1 TITLE TD	3.2 NAME LAWRENCE I. LEVY
STREET ADDRESS 6420 BOCA DEL MAR DRIVE #108	CITY-ST-ZIP BOCA RATON FL	3.3 STREET ADDRESS 6620 BOCA DEL MAR DRIVE #408	3.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE SD	NAME LEVY, LARRY	4.1 TITLE SD	4.2 NAME ELIZABETH E. NELSON
STREET ADDRESS 6620 BOCA DEL MAR DRIVE #408	CITY-ST-ZIP BOCA RATON FL	4.3 STREET ADDRESS 6420 BOCA DEL MAR DRIVE #708	4.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE D	NAME SHEINBERG, ROBERT	5.1 TITLE D	5.2 NAME RALPH LEVIN
STREET ADDRESS 6420 BOCA DEL MAR DRIVE #501	CITY-ST-ZIP BOCA RATON FL	5.3 STREET ADDRESS 6620 BOCA DEL MAR DRIVE #201	5.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE D	NAME WEINSTEIN, DOROTHY	6.1 TITLE D	6.2 NAME FRANK DEFAZIO
STREET ADDRESS 6320 BOCA DEL MAR DRIVE #505	CITY-ST-ZIP BOCA RATON FL	6.3 STREET ADDRESS 6420 BOCA DEL MAR DRIVE #203	6.4 CITY-ST-ZIP BOCA RATON, FL 33433

14. 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 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: _____ 3/25/98

CR2E037 (1097)