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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754982

1. Corporation Name
THE GLENS CONDOMINIUM, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/04/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2052613 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~ISAACSON~~
WILLIAM K. ~~ISSAGON~~
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	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	WEINSTEIN, DOROTHY		1.2 NAME	WEINSTEIN, DOROTHY	
STREET ADDRESS	6320 BOCA DEL MAR DR #505		1.3 STREET ADDRESS	6320 BOCA DEL MAR DR #505	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☑ Change ☑ Addition
NAME	BACHKOSKY, ROBERT		2.2 NAME	DANIELS, LESLIE I.	
STREET ADDRESS	6420 BOCA DEL MAR DRIVE #703		2.3 STREET ADDRESS	6320 BOCA DEL MAR DRIVE #703	
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☑ Addition
NAME	LEVY, LAWRENCE I		3.2 NAME	RIEVE, DORIS E.	
STREET ADDRESS	6620 BOCA DEL MAR DRIVE #408		3.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #108	
CITY-ST-ZIP	BOCA RATON FL 33433		3.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	NELSON, ELIZABETH E		4.2 NAME	NELSON, ELIZABETH E	
STREET ADDRESS	6420 BOCA DEL MAR DRIVE #708		4.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #708	
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	LEVIN, RALPH		5.2 NAME	BACHKOSKY, ROBERT	
STREET ADDRESS	6620 BOCA DEL MAR DRIVE #201		5.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #703	
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	DEFAZIO, FRANK		6.2 NAME	DEFAZIO, FRANK	
STREET ADDRESS	6420 BOCA DEL MAR DRIVE #203		6.3 STREET ADDRESS	6420 BOCA DEL MAR DRIVE #203	
CITY-ST-ZIP	BOCA RATON FL 33433		6.4 CITY-ST-ZIP	BOCA RATON FL 33433	

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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, with all other like empowered.

SIGNATURE: DORIS E. RIEVE 3/31/99 561-395-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #