2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90013 026 ****61.25

DOCUMENT #: 754982

1. Entity Name

THE GLENS CONDOMINIUM, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21045 COMMERCIAL TRAIL	21045 COMMERCIAL TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL.	City & State: BOCA RATON, FL
Zip: 33486 Country: PALM BEACH	Zip: 33486 Country: PALM BEACH

4. FEI Number: 59-2052613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISAACSON, WILLIAM K ~~5295 TOWN CENTER RD~~ 21045 COMMERCIAL TRAIL ~~SUITE 200~~ BOCA RATON FL 33486 BOCA RATON, FL. 33486	Name Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL City BOCA RATON, FL Zip Code 33486

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANIELS, LESLIE I 6320 BOCA DEL MAR DR #703 BOCA RATON FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEXLER, BARBARA 6620 BOCA DEL MAR DR., # 303 BOCA RATON, FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SWARTZWELDER, RICHARD 6620 BOCA DEL MAR DR #405 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LONGO, PAATRICIA 6320 BOCA DEL MAR DR #306 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NELSON, ELIZABETH E 6420 BOCA DEL MAR DRIVE #708 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIMMELSTEIN, SONIA 6620 BOCA DEL MAR DR #308 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFAZIO, FRANK 6420 BOCA DEL MAR DRIVE #203 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED 4/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #