

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90676 037 ****61.25

0038436

DOCUMENT # 754982

1. Entity Name

THE GLENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **D** ☐ Delete
NAME **WEXLER, BARBARA**
STREET ADDRESS **6620 BOCA DEL MAR DR #303**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☒ Delete
NAME **SWARTZWELDER, RICHARD**
STREET ADDRESS **6620 BOCA DEL MAR DR #405**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Norman Korn**
STREET ADDRESS **6420 Boca Del Mar Dr #307**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **TD** ☐ Delete
NAME **LONGO, PAATRICIA**
STREET ADDRESS **6320 BOCA DEL MAR DR #306**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
NAME **NELSON, ELIZABETH E**
STREET ADDRESS **6420 BOCA DEL MAR DRIVE #708**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
NAME **HIMMELSTEIN, SONIA**
STREET ADDRESS **6620 BOCA DEL MAR DR #308**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PD** ☒ Change ☐ Addition
NAME **Sonia Himmelstein**
STREET ADDRESS **6620 Boca Del Mar Dr #308**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **D** ☒ Delete
NAME **DEFAZIO, FRANK**
STREET ADDRESS **6420 BOCA DEL MAR DRIVE #203**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Change ☒ Addition
NAME **Leslie Daniels**
STREET ADDRESS **6320 Boca Del Mar Dr #703**
CITY-ST-ZIP **Boca Raton, FL 33433**

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

Date: 4/11/02 56-395-2875

CR2E037 (9/01)