2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with

SIGNATURE:

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # 754982** 1. Entity Name 04-27-2005 90314 022 ****70.00 THE GLENS CONDOMINIUM, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2052613 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Defete TITLE ☐ Change ☐ Addition WEXLER, BARBARA 6620 BOCA DEL MAR DR #303 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NORMAN, KORV Korn, Norman NAME NAME 6420 BOCA DEL MAR DRIVÉ #307 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CHY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change LONGO, PAATRICIA NAME NAME 6320 BOCA DEL MAR DR #306 STREET ADORESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33433** CITY-ST-ZIP **X** Delete Change X Addition TITLE LAHN, JOYCE NAME Harold E. Rieve NAME 6320 BOCA DEL MAR DR., #604 STREET ADDRESS STREET ADDRESS 6420 Boca Del Mar Dr., #108 **BOCA RATON FL 33433** CITY-ST-7IP CITY-ST-ZIP Boca Raton, FL 33433 Addition ☐ Delete TITLE ☐ Change ILTON, ANN NAME NAME 6620 BOCA DEL MAR DR., #508 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change FITE F DANIELS, LESLIE NAME NAME 6420 BOCA DEL MAR DRIVE #703 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CITY-ST-ZIP 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 be execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED