

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90323 038 ****61.25

DOCUMENT # N03917

1. Entity Name
GLEN OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**4850 NW 26 AVE.
BOCA RATON, FL 33434 US**

Mailing Address
**3901 N. FEDERAL HWY., #202
BOCA RATON, FL 33431 US**

00010107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2421625

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

**PATTI, PAUL N
C/O HAWKEYE MGMT INC.
3901 N. FEDERAL HWY., #202
BOCA RATON, FL 33431**

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. 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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCIDA, DEBBIE
4740 NW 28TH WAY
BOCA RATON, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JAFFE, CHARLES
2671 NW 45TH ST.
BOCA RATON, FL 33434** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLER, HUGH JAMES
4480 NW 28 AVE.
BOCA RATON, FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILLER, HUGH JAMES
4480 NW 28TH AVE.
BOCA RATON, FL 33434** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ANDREWS, WILLIAM
4721 NW 27TH AVENUE
BOCA RATON, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISCHER, GREGORY
4640 NW 28TH WAY
BOCA RATON, FL 33434** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VERNER, ANDREW
2646 N W 49TH STREET
BOCA RATON, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MESSINGER, NANCY
4721 NW 28TH WAY
BOCA RATON, FL 33434** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MESSINGER, NANCY
4721 NW 28TH WAY
BOCA RATON, FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MESSINGER, NANCY
4721 NW 28TH WAY
BOCA RATON, FL 33434** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MESSINGER, NANCY
4721 NW 28TH WAY
BOCA RATON, FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MESSINGER, NANCY
4721 NW 28TH WAY
BOCA RATON, FL 33434** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Nancy Messinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

392-1600

Date

Daytime Phone #