


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90079 005 \*\*\*\*61.25

<b>DOCUMENT # N03917</b> 1. Entity Name <b>GLEN OAKS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4850 NW 26 AVE.</b> <b>BOCA RATON, FL 33434 US</b>			Mailing Address <b>3901 N. FEDERAL HWY., #202</b> <b>BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2295 NW CORPORATE BLVD.</b>		3. Mailing Address <b>2295 NW CORPORATE BLVD</b>			
Suite, Apt. #, etc. <b>SUITE 138</b>		Suite, Apt. #, etc. <b>SUITE 138</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>59-2421625</b>	
Zip <b>33431</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATTI, PAUL N</b> <b>C/O HAWKEYE MGMT INC.</b> <b>3901 N. FEDERAL HWY., #202</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>HAGG, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O HAAG MANAGEMENT</b> <b>2295 NW CORPORATE BLVD., SUITE 138</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>		
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 <u><i>David Haag</i></u> DATE <u>4/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>S</b> NAME <b>JAFFRE, CHARLES</b> STREET ADDRESS <b>2671 NW 45TH ST</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>JAFFRE, CHARLES</b> STREET ADDRESS <b>2671 NW 45TH ST</b> CITY-ST-ZIP <b>BOCA RATON FL 33434</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>MILLER, HUGH JAMES</b> STREET ADDRESS <b>4480 NW 28 AVE.</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>JAFFRE, CHARLES</b> STREET ADDRESS <b>2671 NW 45TH ST</b> CITY-ST-ZIP <b>BOCA RATON FL 33434</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>ANDREWS, WILLIAM</b> STREET ADDRESS <b>4721 NW 27TH AVENUE</b> CITY-ST-ZIP <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>JAFFRE, CHARLES</b> STREET ADDRESS <b>2671 NW 45TH ST</b> CITY-ST-ZIP <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>FISCHER, GREGORY</b> STREET ADDRESS <b>4640 NW 28TH WAY</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>JAFFRE, CHARLES</b> STREET ADDRESS <b>2671 NW 45TH ST</b> CITY-ST-ZIP <b>BOCA RATON FL 33434</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>P</b> NAME <b>MESSINGER, NANCY</b> STREET ADDRESS <b>4721 NW 28 WAY</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>BARRE, MARK</b> STREET ADDRESS <b>4500 NW 28TH AVE</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete		TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>David Haag</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/29/07</u> (561) 416-7460 <small>Date Daytime Phone #</small>		