


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90156 016 ****61.25

DOCUMENT # N08427 1. Entity Name VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 4200 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410 US		Mailing Address 4200 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410 US	
2. Principal Place of Business 3307 Northlake Blvd Suite, Apt. #, etc. Suite 107 City & State Palm Beach Gardens FL Zip 33403 Country USA		3. Mailing Address 3307 Northlake Blvd Suite, Apt. #, etc. Suite 107 City & State Palm Beach Gardens FL Zip 33403 Country USA	
6. Name and Address of Current Registered Agent LEWIS, WILLIAM F. 4239 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 Northlake Blvd Suite 107 City Palm Bch Gardens FL Zip Code 33403	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registered)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	SD BENACK, SHARON 705 KINTYRE TERRACE PALM BEACH GARDENS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WILLIAM PLEASANT 803 BANNOCK TERRACE PALM BEACH GARDENS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAVANAUGH, KEVIN 800 BANNOCK TERR PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRISTER, BILL 800 KINYPE CT PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FRANCO, JOHN DR 700 BANNOCK LANE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

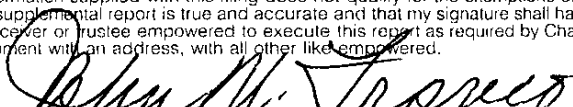


1st MOORE CR2E037 (10/05)

4. FEI Number **59-2522216** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4626106 561-6262778**