


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N08427		
1. Entity Name VILLAS OF GLENGARY HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 3307 NORTHLAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403 US	Mailing Address 3307 NORTHLAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403 US	



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2522216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, WILLIAM F. 3307 NORTHLAKE BLVD SUITE 107 WEST PALM BEACH, FL 33403

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000915592
05/09/08-80019-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENACK, SHARON 705 KINTYRE TERRACE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM PLEASANT 803 BANNOCK TERRACE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAVANAUGH, KEVIN 800 BANNOCK TERR PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRISTER, BILL 800 KINYPE CT PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, JOHN DR 700 BANNOCK LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 561-626-2778

Date

Daytime Phone #