

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 017 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # N10538 1. Entity Name GLENEAGLES CONDOMINIUM I ASSOCIATION, INC. | | | |
| Principal Place of Business C/O LIPPMAN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 | | Mailing Address C/O LIPPMAN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 | |
| 2. Principal Place of Business - No P.O. Box # 15390 Strathearn Dr Suite, Apt. #, etc. | | 3. Mailing Address PO Box 480337 Suite, Apt. #, etc. | |
| City & State Delray Beach, FL Zip 33446 | | City & State Delray Beach, FL Zip 33448 | |
| 4. FEI Number 59-2392776 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LIPPMAN, STEVE 1200 SOUTH ROGERS CIRCLE #3 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent Name DAPA Maint. & Mgmt Inc. Street Address (P.O. Box Number is Not Acceptable) 204 Bella Vista Way City Royal Palm Bch FL Zip Code 33411 | |
| 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 David Chanchilla, Pres. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by: May 1, 2008 | | 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 | P NORTH, RICHARD 7515 GLENDEVEN LANE #608 BOCA RATON, FL 33446 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLICKMAN, GAIL 7665 GLEN DEVEN LANE #1607 DELRAY BEACH, FL 33446 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EBEL, LORRAINE 7575 GLENDEVON LN 605 DELRAY BEACH, FL 33446 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARNOLD, NORM 7677 GLENDEVON LN 1701 DELRAY BEACH, FL 33446 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHIUCHLO, RALPH 7485 GLENDEVEN LANE #1108 DELRAY BEACH, FL 33446 | <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"/> Delete | <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. | | | |
| SIGNATURE: | | Date Jan 17, 2008 Daytime Phone # 499-7272 | |