

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N14933

1. Entity Name
GLENEAGLES CONDOMINIUM III ASSOCIATION, INC.



Principal Place of Business
**PO BOX 480337
DELRAY BEACH, FL 33448 US**

Mailing Address
**C/O DAPA MAINTENANCE & MANAGEMENT INC
PO BOX 480337
DELRAY BEACH, FL 33448**



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2698874

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAPA MAINT &MGMT, INC
204 BELLA VISTA WAY
WEST PALM BEACH, FL 33411**

**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

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GLASSMAN, MAX
15695 LORM MAREE LANE #502
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
MILTON SIROTA
15622 LOCH MAREE LN #6804
DELRAY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KAHANER, ELLIOT
15670 LOCH MAREE LANE #6202
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GITLIN, LAWRENCE
15863 LOCH MAREE LN #2101
DELRAY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GUMM, ANNETTE
15791 LOCH MAREE LANE #5203
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BERTRAM DIAMOND
15790 LOCH MAREE LN #3605
DELRAY BCH, FL**

000000389907
01/23/06-80004-005 61.25

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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:

Milton S. Sirota
MILTON S. SIROTA

1/11/06
Date

(561) 499-7272
Daytime Phone #