2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16294

FILED Apr 17, 2008 Secretary of State

Entity Name: GLENEAGLES CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LIPPMAN& LIPPMAN
6401 CONGRESS AVENUE, SUITE #140

BOCA RATON, FL 33487 US

C/O CV PROPERTY MANAGEMENT, LLC
1601 FORUM PLACE - SUITE 500
WEST PALM BEACH, FL 33401 US

Current Mailing Address: New Mailing Address:

C/O LIPPMAN& LIPPMAN
6401 CONGRESS AVENUE, SUITE #140
BOCA RATON, FL 33487 US

C/O CV PROPERTY MANAGEMENT, LLC
1601 FORUM PLACE - SUITE 500
WEST PALM BEACH, FL 33401 US

FEI Number: 59-2698876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIPPMAN, KAREN

C/O LIPPMAN &LIPPMAN

6401 CONGRESS AVENUE, SUITE #140

BOCA RATON, FL 33487 US

JAIVEN, JACK

C/O CV PROPERTY MANAGEMENT, LLC

1601 FORUM PLACE - SUITE 500

WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: JACK JAIVEN 04/17/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: () Change () Addition

 Name:
 ELINOFF, BERNARD
 Name:

 Address:
 16032 LOMOND HILLS TRAIL # 123
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:

Title: P () Delete Title: P (X) Change () Addition

Name: SPANN, MANUEL Name: SIPRESS, MANNIE

 Address:
 16032 LOMOND HILLS TR #134
 Address:
 16032 LOMOND HILLS TR #131

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:
 DELRAY BEACH, FL 33446

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{() Delete} \mbox{ Title: VP } \mbox{(X) Change () Addition}$

 Name:
 BERNARDO, IRVING
 Name:
 MALCOLM, DANA

 Address:
 16032 LOMOND HILLS TR #125
 Address:
 16032 LOMOND HILLS TR

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:
 DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANNIE SIPRESS P 04/17/2008