

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2012
Secretary of State

DOCUMENT# N16294

Entity Name: GLENEAGLES CONDOMINIUM II ASSOCIATION, INC.**Current Principal Place of Business:**16032 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446 US**New Principal Place of Business:**15390 STRATHEARN DRIVE
DELRAY BEACH, FL 33446 US**Current Mailing Address:**C/O CV PROPERTY MANAGEMENT, LLC
1601 FORUM PLACE - SUITE 500
WEST PALM BEACH, FL 33401 US**New Mailing Address:**C/O DAPA MAINTENANCE & MANAGEMENT
PO BOX 480337
DELRAY BEACH, FL 33448 US**FEI Number:** 59-2698876**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JAIVEN, JACK
C/O CV PROPERTY MANAGEMENT, LLC
1601 FORUM PLACE - SUITE 500
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**DAPA MAINTENANCE & MANAGEMENT INC
204 BELLA VISTA WAY
ROYAL PALM BEACH, FL 33411 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: DAVID CHINCHILLA

05/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MANOFF, YALE
Address: 16080 LOMOND HILLS TRAIL #156
City-St-Zip: DELRAY BEACH, FL 33446

Title: D
Name: SIPRESS, MANNIE
Address: 16080 LOMOND HILLS TR #131
City-St-Zip: DELRAY BEACH, FL 33446

Title: DTS
Name: WINNICK, FELICIA
Address: 16080 LOMOND HILLS TR #161
City-St-Zip: DELRAY BEACH, FL 33446

Title: DV
Name: SPAHN, SHELLY
Address: 11954 ROSETREE TERRACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: MADONICK, LENORE
Address: 16080 LOMOND HILLS TR #153
City-St-Zip: DELRAY BEACH, FL 33446

I hereby 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 all other like empowered.

SIGNATURE: SHELLEY SPAHN

DV

05/07/2012

Electronic Signature of Signing Officer or Director

Date