

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90296 035 ****61.25

DOCUMENT # N18862

1. Entity Name
GLENEAGLES CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business
**C/O 7932 WILES ROAD
CORAL SPRINGS, FL 33067**

Mailing Address
**C/O 7932 WILES ROAD
CORAL SPRINGS, FL 33067**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2758863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERT KAVE & ASSOCIATES, INC.
6261 NW 6 WAY SUITE 103
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOROWITZ, LEONARD**
STREET ADDRESS **16061 LOCH KATRINE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☒ Delete
NAME **OSVICK, RICK**
STREET ADDRESS **15941 LOCK KATRINE TRL.**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **DVP** ☒ Delete
NAME **PANZER, HERB**
STREET ADDRESS **7389 VICTORY LANE #9303**
CITY-ST-ZIP **DELRAY BCH, FL 33446**

TITLE **DS** ☐ Delete
NAME **EUDOWE, SAUL**
STREET ADDRESS **15921 LACH KATRINE TR #6904**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☒ Delete
NAME **WINTER, JOSEPH**
STREET ADDRESS **7458 VICTORY LANE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☐ Delete
NAME **POLLACK, MARTIN**
STREET ADDRESS **16041 LOCK KATRINE TRL.**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME ~~SEAN GLAZIER~~
STREET ADDRESS ~~3100 EAST 72ND STREET # 6100~~
CITY-ST-ZIP ~~DELRAY BEACH, FL 33446~~

TITLE ☐ Change ☒ Addition
NAME **director**
STREET ADDRESS **Grudetsky, Meyer**
CITY-ST-ZIP **360 E. 72nd Street # C1803**
NEW YORK NY 10021

TITLE ☐ Change ☒ Addition
NAME **director**
STREET ADDRESS **Schiller, Ronald**
CITY-ST-ZIP **21 East Huron # 2604**
CHICAGO IL 60611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

3/21/06