

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
  
**95 FEB -3 AM 11:23**  
  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N22362 (0)**  
1. Corporation Name  
**GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**15302 STRATHEARN DRIVE, UNIT 11304 DELRAY BEACH FL 33446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/04/1987** 3a. Date of Last Report **04/22/1994**  
4. FEI Number **59-2844038** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SILBERMAN, SOL  
15338 STRATHEARN DR  
DELRAY BEACH FL 33446**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>
NAME	<b>SILBERMAN, SOL</b>
STREET ADDRESS	<b>15338 STRATHEARN DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>SMITH, ELLIOT</b>
STREET ADDRESS	<b>15354 STRATHEARN DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>BERGER, JOHN</b>
STREET ADDRESS	<b>15328 STRATHEARN DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>KLEINMAN, BERNARD</b>
STREET ADDRESS	<b>15319 STRATHEARN DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>MILLER, SEYMOUR</b>
STREET ADDRESS	<b>15348 STRATHEARN DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>EISENBERG SEYMOUR</b>
STREET ADDRESS	<b>15348 STRATHEARN DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SOL SILBERMAN Date: 1/25/95 (407) 498-8772

N 22656

Due to a typographical error the 1994 annual report for CENTREPARK PROPERTY OWNERS ASSOCIATION, document number N22659, was filed under the document number N22656 on July 1, 1994. N22656 is the document number for WOODLANDS OF TALLAHASSEE HOMEOWNERS ASSOCIATION, INC. Both corporate records have been corrected as of January 18, 1995.

SPT

Film Only