

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

15302 STRATHEARN DRIVE, UNIT 11304  
DELRAY BEACH FL 33446

3. Date Incorporated or Qualified  
**09/04/1987**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**15390 STRATHEARN DRIVE**

4. FEI Number  
**59-2844038**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

22

27

**DELRAY BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

23

28

**33446 PALM BEACH**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILBERMAN, SOL  
15338 STRATHEARN DR  
DELRAY BEACH FL 33446**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>SILBERMAN, SOL</b>	
STREET ADDRESS	<b>15338 STRATHEARN DR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, ELLIOT</b>	
STREET ADDRESS	<b>15354 STRATHEARN DR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGER, JOHN</b>	
STREET ADDRESS	<b>15326 STRATHEARN DR</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEINMAN, BERNARD</b>	
STREET ADDRESS	<b>15319 STRATHEARN DRIVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, SEYMOUR</b>	
STREET ADDRESS	<b>15346 STRATHEARN DRIVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EISENBERG SEYMOUR</b>	
STREET ADDRESS	<b>15346 STRATHEARN DRIVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD HARVIN CHANDLER</b>
2.3 STREET ADDRESS	<b>15351 STRATHEARN DRIVE</b>
2.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D ELEANOR WIDMEL</b>
5.3 STREET ADDRESS	<b>15358 STRATHEARN DRIVE</b>
5.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>
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 119.07(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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sol Silberman*

19 Jan 1996

Date

499-7272

Daytime Phone #

CR2E037 (12/95)