

2-5978-1409-c

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22362 (0)

1. Corporation Name
GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.



Principal Place of Business 15302 STRATHEARN DRIVE, UNIT 11304 DELRAY BEACH FL 33446	Mailing Address 15390 STRATHEARN DRIVE DELRAY BEACH FL 33446-2829 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1987		3a. Date of Last Report 01/25/1996	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		4. FEI Number 59-2844038		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 PRV MAINTENANCE INC			
				82. Street Address (P.O. Box Number is Not Acceptable) 5421 45th STREET			
				83. City & State			
				84. City WEST PALM BEACH FL 85. Zip Code 33407			

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]* **PERLO R. VALDES, PRESIDENT** DATE: **1/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILBERMAN, SOL		1.2 NAME SCHWARTZ, SEYMOUR	
STREET ADDRESS 15338 STRATHEARN DR		1.3 STREET ADDRESS 15302 STRATHEARN DRIVE	
CITY-ST-ZIP DELRAY BEACH FL 33446		1.4 CITY-ST-ZIP DELRAY BEACH, FL 33446	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANDLER, MARVIN		2.2 NAME LUBLIN, ROBERT	
STREET ADDRESS 15351 STRATHEARN DRIVE		2.3 STREET ADDRESS 15322 STRATHEARN DRIVE	
CITY-ST-ZIP DELRAY BEACH FL 33446		2.4 CITY-ST-ZIP DELRAY BEACH, FL 33446	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGER, JOHN		3.2 NAME	
STREET ADDRESS 15326 STRATHEARN DR		3.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33446		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEINMAN, BERNARD		4.2 NAME	
STREET ADDRESS 15319 STRATHEARN DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33446		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIDMER, ELEANOR		5.2 NAME	
STREET ADDRESS 15358 STRATHEARN DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33446		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **DOUGLAS SILBERMAN** DATE: **1/9/97** DAYTIME PHONE: **561-499-7277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)