


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 15302 STRATHEARN DRIVE, UNIT 11304 DELRAY BEACH FL 33446	Mailing Address 15390 STRATHEARN DRIVE DELRAY BEACH FL 33446 US
--	--

3. Date incorporated or Qualified 09/04/1987		
4. FEI Number 59-2844038	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 15390 STRATHEARN DR Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 DELRAY BEACH, FL	27 City & State 28
24 33446 Zip	25 USA Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PRV MAINTENANCE INC
5421 45TH ST
WEST PALM BCH FL 33407

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	SILBERMAN, SOL	
STREET ADDRESS	15338 STRATHEARN DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, MARVIN	
STREET ADDRESS	15351 STRATHEARN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, JOHN	
STREET ADDRESS	15338 STRATHEARN DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEINMAN, BERNARD	
STREET ADDRESS	15319 STRATHEARN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIDMER, ELEANOR	
STREET ADDRESS	15338 STRATHEARN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHATZ, SEYMOUR	
STREET ADDRESS	15302 STRATHEARN DR	
CITY-ST-ZIP	DELRAY BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD LEO TANSKY	
1.3 STREET ADDRESS	15922 STRATHEARN DR #11802	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
2.1 TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTIN GOMBERG	
2.3 STREET ADDRESS	15351 STRATHEARN DR #10304	
2.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Seymour Schatz* SEYMOUR SCHATZ 7/1/98 561-498-9421
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)