

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90159 035 ****61.25

0045212

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22362

1. Corporation Name

GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

12390 STRATHEARN DRIVE
DELRAY BEACH FL 33446
US

Mailing Address

15390 STRATHEARN DRIVE
DELRAY BEACH FL 33446
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/04/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2844038

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

24 Zip 25 Country

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRV MAINTENANCE INC
5421 45TH ST
WEST PALM BCH FL 33407

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 TD
NAME TANSKY, LEO
STREET ADDRESS 15322 STRATHEARN DRIVE, #11802
CITY-ST-ZIP DELRAY BEACH FL 33446

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME GOMBERG, MARTIN
STREET ADDRESS 15351 STRATHEARN DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33446

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BERGER, JOHN
STREET ADDRESS 15326 STRATHEARN DR
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME KLEINMAN, BERNARD
STREET ADDRESS 15319 STRATHEARN DRIVE
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WIDMER, ELEANOR
STREET ADDRESS 15358 STRATHEARN DRIVE
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD
NAME SCHATZ, SEYMOUR
STREET ADDRESS 15302 STRATHEARN DR
CITY-ST-ZIP DELRAY BCH FL

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour Schatz 561/498-9400

Date

Daytime Phone #

CR2E037 (11/98)