

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90184 015 ****61.25

DOCUMENT # N22362

1. Entity Name

GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12390 STRATHEARN DRIVE
 DELRAY BEACH FL 33446
 US

15390 STRATHEARN DRIVE
 DELRAY BEACH FL 33446-2829
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2844038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD** Change Addition
 NAME **EISENBERG, SEYMOUR**
 STREET ADDRESS **15346 STRATHEARN DRIVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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

TITLE **PD** Change Addition
 NAME **GOMBERG, MARTIN**
 STREET ADDRESS **15351 STRATHEARN DRIVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** Change Addition
 NAME **SCHATZ, SEYMOUR**
 STREET ADDRESS **15302 STRATHEARN DRIVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature
 SIGNATURE REQUIRED

1/5/00

(561) 499-7272

CR2E037 (9/99)