

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90026 047 \*\*\*\*61.25

UUU18104

DO NOT WRITE IN THIS SPACE

**DOCUMENT # N22362**

1. Entity Name  
**GLENAGLES CONDO ASSN INC.** ✓

Principal Place of Business  
**15390 STRATHEARN DRIVE  
 DELRAY BEACH, FL 33446**

Mailing Address  
**PRV MAINTENANCE INC.  
 5421 45<sup>th</sup> STREET  
 WEST PALM BEACH, FL 33407**

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**

6. Name and Address of Current Registered Agent  
**PRV MAINTENANCE INC.  
 5421 45<sup>th</sup> STREET  
 WEST PALM BEACH, FL 33407  
 (MARIA LUNA YALDES)**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>PO</b>	<input type="checkbox"/> Delete
NAME <b>SEYMOUR SCHATZ</b>	
STREET ADDRESS <b>15302 STRATHEARN DR #11304</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>SEYMOUR EISENBERG</b>	
STREET ADDRESS <b>15346 STRATHEARN DR #12403</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE <b>VPO</b>	<input type="checkbox"/> Delete
NAME <b>HENBERT OSEROFF</b>	
STREET ADDRESS <b>15399 STRATHEARN DR #10603</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>BERNARD KLEINMAN</b>	
STREET ADDRESS <b>15319 STRATHEARN DR #11007</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>JOHN BERGER</b>	
STREET ADDRESS <b>15326 STRATHEARN DR #11905</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SHIRLEY RUDO</b>	
STREET ADDRESS <b>15330 STRATHEARN DR #12001</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Seymour Schatz  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 2001 561-498-9421  
 Date Daytime Phone #

CR2E037 (11/00)