

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90040 010 \*\*\*\*61.25

**DOCUMENT # N22362**

1. Entity Name

**GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

15390 STRATHEARN DR  
 DELRAY BEACH FL 33446  
 US

C/O PRV MAINTENANCE INC  
 5421 45 STREET  
 WEST PALM BEACH FL 33407  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2844038**

Applied For

Not Applicable

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: **DAPA MAINTENANCE & MANAGEMENT INC.**  
 Street Address (P.O. Box Number is Not Acceptable): **6312 NW 38TH DRIVE**  
 City: **CORAL SPRINGS** FL Zip Code: **33067**

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: **DAVID CHINCHILLA, PRESIDENT**  
*David Chinchilla*

DATE: **1/14/02**

**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	<input type="checkbox"/> Delete
NAME	EISENBERG, SEYMOUR	
STREET ADDRESS	15346 STRATHEARN DR # 12403	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHATZ, SEYMOUR	
STREET ADDRESS	15302 STRATHEARN DR # 11304	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, JOHN	
STREET ADDRESS	15326 STRATHEARN DR # 11905	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KLEINMAN, BERNARD	
STREET ADDRESS	15319 STRATHEARN DR # 11002	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDO, SHIRLEY	
STREET ADDRESS	15330 STRATHEARN DR # 12001	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OSEROFF, HERBERT	
STREET ADDRESS	15339 STRATHEARN DR # 10603	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISKER, ESTELLE	
STREET ADDRESS	15319 STRATHEARN DRIVE #11001	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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		
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* **SEYMOUR SCHATZ** 1/14/02 561-499-7272

CR2E037 (9/01)