


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

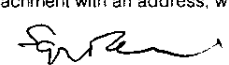
01-28-2004 90003 039 \*\*\*\*61.25

<b>DOCUMENT # N22362</b>			
1. Entity Name <b>GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.</b>			
Principal Place of Business 15390 STRATHEARN DR DELRAY BEACH FL 33446 US		Mailing Address C/O DAPA MAINTENANCE & MANAGEMENT INC PO BOX 480337 DELRAY BEACH FL 33448 US	
2. Principal Place of Business		3. Mailing Address <b>PO Box 480337</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>DELRAY BEACH, FL</b>	
Zip		Zip <b>33448</b>	
Country		Country <b>U.S.A.</b>	
4. FEI Number <b>59-2844038</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DAPA MAINTENANCE &amp; MANAGEMENT INC. 6312 NW 38TH DRIVE CORAL SPRINGS FL 33067</b>		7. Name and Address of New Registered Agent Name <b>DAPA MAINTENANCE &amp; MANAGEMENT INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 BELLA VISTA WAY</b> City <b>ROYAL PALM BEACH</b> <b>FL</b> Zip Code <b>33411</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> EISENBERG, SEYMOUR 15346 STRATHEARN DR # 12403 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> SCHATZ, SEYMOUR 15302 STRATHEARN DR # 11304 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BERGER, JOHN 15326 STRATHEARN DR # 11905 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> ARONSON, RONALD 15351 STRATHEARN DR DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RUDO, SHIRLEY 15330 STRATHEARN DR # 12001 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> OSEROFF, HERBERT 15339 STRATHEARN DR # 10603 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E037 (11/03)

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 EISENBERG, TREAS.** 1/27/04 (561) 499-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #