


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90048 038 \*\*\*\*61.25

<b>DOCUMENT # N22362</b> 1. Entity Name <b>GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.</b>	
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Principal Place of Business <b>15390 STRATHEARN DR DELRAY BEACH, FL 33446 US</b>	Mailing Address <b>PO BOX 480337 DELRAY BEACH, FL 33448 US</b>
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**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2844038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>DAPA MAINTENANCE &amp; MANAGEMENT INC. 204 BELLA VISTA WAY WEST PALM BEACH, FL 33411</b>
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IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EISENBERG, SEYMOUR 15346 STRATHEARN DR # 12403 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHATZ, SEYMOUR 15302 STRATHEARN DR # 11304 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, JOHN 15326 STRATHEARN DR # 11905 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARONSON, RONALD 15351 STRATHEARN DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDO, SHIRLEY 15330 STRATHEARN DR # 12001 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSEROFF, HERBERT 15339 STRATHEARN DR # 10603 DELRAY BEACH, FL 33446

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IN THIS SPACE**

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, Pres. 3/18/05** **499-7277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #