


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N22362 1. Entity Name GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.	
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Principal Place of Business 15390 STRATHEARN DR DELRAY BEACH, FL 33446 US	Mailing Address PO BOX 480337 DELRAY BEACH, FL 33448 US
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

DAPA MAINTENANCE & MANAGEMENT INC.
 204 BELLA VISTA WAY
 WEST PALM BEACH, FL 33411

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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: *Shirley Rudo* DATE: 1/10/06

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	EISENBERG, SEYMOUR
STREET ADDRESS	15346 STRATHEARN DR # 12403
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	PD
NAME	SCHATZ, SEYMOUR
STREET ADDRESS	15302 STRATHEARN DR # 11304
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	BERGER, JOHN
STREET ADDRESS	15326 STRATHEARN DR # 11905
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	SD
NAME	ARONSON, RONALD
STREET ADDRESS	15351 STRATHEARN DR
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	RUDO, SHIRLEY
STREET ADDRESS	15330 STRATHEARN DR # 12001
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VPD
NAME	OSEROFF, HERBERT
STREET ADDRESS	15339 STRATHEARN DR # 10603
CITY-ST-ZIP	DELRAY BEACH, FL 33446

100000385154
 01/18/06-80005-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: *Shirley Rudo* DATE: 1/10/06 (561) 499-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR