

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90013 049 \*\*\*\*61.25

**DOCUMENT # N22362**  
 1. Entity Name  
**GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 15390 STRATHEARN DR      PO BOX 480337  
 DELRAY BEACH FL 33446      DELRAY BEACH FL 33448  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/06)

6. Name and Address of Current Registered Agent

4. FEI Number      Applied For  
**59-2844038**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	TD EISENBERG, SEYMOUR 15346 STRATHEARN DR # 12403 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SCHATZ, SEYMOUR 15302 STRATHEARN DR # 11304 DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D BERGER, JOHN 15326 STRATHEARN DR # 11905 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD ARONSON, RONALD 15351 STRATHEARN DR DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D RUDO, SHIRLEY 15330 STRATHEARN DR # 12001 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD OSEROFF, HERBERT 15339 STRATHEARN DR # 10603 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> BEHRMAN, STEPHEN 15351 STRATHEARN DRIVE #10302 DELRAY BEACH, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VPD</b> BERGER, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> OSEROFF, HERBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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> RUDO, SHIRLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Shirley Rudo SHIRLEY RUDO      1/19/07 (56) 499-7272  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #