


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90014 050 ****61.25

DOCUMENT # N22362					
1. Entity Name GLENEAGLES CONDOMINIUM V ASSOCIATION, INC.					
Principal Place of Business 15390 STRATHEARN DR DELRAY BEACH, FL 33446 US			Mailing Address PO BOX 480337 DELRAY BEACH, FL 33448 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	4. FEI Number 59-2844038	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAPA MAINTENANCE & MANAGEMENT INC. 204 BELLA VISTA WAY WEST PALM BEACH, FL 33411				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENBERG, SEYMOUR			NAME	Crystal Clem
STREET ADDRESS	15346 STRATHEARN DR # 12403			STREET ADDRESS	15338 Strathearn Drive # 12201
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRHAN, STEPHEN			NAME	
STREET ADDRESS	15351 STRATHEARN DR #10302			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, JOHN			NAME	
STREET ADDRESS	15326 STRATHEARN DR # 11905			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, RONALD			NAME	
STREET ADDRESS	15351 STRATHEARN DR			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDO, SHIRLEY			NAME	
STREET ADDRESS	15330 STRATHEARN DR # 12001			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSEROFF, HERBERT			NAME	
STREET ADDRESS	15339 STRATHEARN DR # 10603			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	
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 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: <i>Shirley Rudo</i>		Date: 1/14/08		Daytime Phone #: 561-499-7272	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

