

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90020 020 \*\*\*\*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  
**C/ODARA MAINT & MGMT INC.  
6312 NW 38TH DRIVE  
CORAL SPRINGS FL 33067  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2844038**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DAPA MAINTENANCE & MANAGEMENT INC.  
6312 NW 38TH DRIVE  
CORAL SPRINGS FL 33067**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>TD EISENBERG, SEYMOUR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15346 STRATHEARN DR # 12403</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE NAME	<b>PD SCHATZ, SEYMOUR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15302 STRATHEARN DR # 11304</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE NAME	<b>D BERGER, JOHN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15326 STRATHEARN DR # 11905</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE NAME	<b>D LISKER, ESTELLE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>15319 STRATHEARN DRIVE #11001</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE NAME	<b>D RUDO, SHIRLEY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15330 STRATHEARN DR # 12001</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE NAME	<b>VPD OSEROFF, HERBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15339 STRATHEARN DR # 10603</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>SD ARONSON, RONALD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>15351 STRATHEARN DR.</b>	
CITY-ST-ZIP	<b>APT. 10304 DELRAY BEACH, FL 33446</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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) Jan 6, 2003 561-499-7277

CR2E037 (10/02)