

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # **N28251 (9)**

1. Corporation Name

**GLADES EAST HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**5995 BANNOCK TERR  
BOYNTON BCH FL 33437**

**5995 BANNOCK TERR  
BOYNTON BCH FL 33437**

3. Date Incorporated or Qualified **09/08/1988**      3a. Date of Last Report **03/31/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **65-0105680**      Applied For  Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRYSTAL COMMUNITY MANAGEMENT, INC.  
C/O JOE BARTLETT  
5995 BANNOCK TERR  
BOYNTON BCH FL 33437**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARKOWITZ, MARVIN</b>	1.2 NAME	<b>GREENBERG, SONIA</b>
STREET ADDRESS	<b>6088 TERRA MERE CIR</b>	1.3 STREET ADDRESS	<b>6136 TERRA MERE CIRCLE</b>
CITY-STATE-ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY-STATE-ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, JANYCE</b>	2.2 NAME	
STREET ADDRESS	<b>6160 TERRA MERE CIR</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOYNTON BEACH FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>11965 MONT LAKE DR</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOYNTON BCH FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMAN, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>11995 MONT LAKE DR.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLENS, SUMNER</b>	5.2 NAME	
STREET ADDRESS	<b>6045 TERRA MERE CIR</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOYNTON BEACH FL</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, PHILMORE</b>	6.2 NAME	
STREET ADDRESS	<b>6100 TERRA MERE CIR</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BOYNTON BCH FL</b>	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RE HERMAN**

Date: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)

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**Glades East Homeowners Association, Inc.**

*5995 Bannock Terrace  
Boynton Beach, Florida 33437*

—  
(407) 734-8005

D  
SCHAFFER, ANDOR  
6148 TERRA MERE CIRCLE  
BOYNTON BEACH, FL

D  
SEGALL, EDWARD  
6070 TERRA MERE CIRCLE  
BOYNTON BEACH, FL

D  
TAUB, ANDREW  
6046 TERRA MERE CIRCLE  
BOYNTON BEACH, FL