

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5995 BANNOCK TERR BOYNTON BCH FL 33437	Mailing Address 5995 BANNOCK TERR BOYNTON BCH FL 33437
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/08/1988	4. FEI Number 65-0105680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENBERG, SONIA
STREET ADDRESS	6136 TERRA MERE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JACOBS, JANYCE
STREET ADDRESS	6160 TERRA MERE CIR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FIELDS, RICHARD
STREET ADDRESS	11965 MONT LAKE DR
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERMAN, ROBERT
STREET ADDRESS	11995 MONT LAKE DR.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	WILLENS, SUMNER
STREET ADDRESS	6045 TERRA MERE CIR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ROSS, PHILMORE
STREET ADDRESS	6100 TERRA MERE CIR
CITY-ST-ZIP	BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOLTAX, ALBERT
5.3 STREET ADDRESS	6159 TERRA MERE CIR
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BEDNOWITZ, MELVIN
6.3 STREET ADDRESS	11885 MONT LAKE DR
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Andor Schaefer **ANDOR SCHAEFER** 3/17/98 561-734-8005

CR2E037 (10/97)

Glades East Homeowners Association, Inc.

*5995 Bannock Terrace
Boynton Beach, Florida 33437*

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(407) 734-8005

PD
SCAHER, ANDOR
6148 TERRA MERE CIRCLE
BOYNTON BEACH, FL 33437

D
SEGALL, EDWARD
6070 TERRA MERE CIRCLE
BOYNTON BEACH, FL 33437

D
WEIL, SEYMOUR
6106 TERRA MERE CIRCLE
BOYNTON BEACH, FL 33437