


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 009 ****61.25

DOCUMENT # N28251					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0105680	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRYSTAL COMMUNITY MANAGEMENT, INC. C/O JOE BARTLETT 5995 BANNOCK TERR BOYNTON BCH, FL 33437				-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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, SONIA		NAME	Florence Sapor	
STREET ADDRESS	6136 TERRA MERE CIRCLE		STREET ADDRESS	6106 Terra Mere Cir.	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, JANYCE		NAME	Gerald Kornblum	
STREET ADDRESS	6160 TERRA MERE CIR		STREET ADDRESS	6094 Terra Mere Cir.	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFFER, ANDOR		NAME	Faith Blass	
STREET ADDRESS	6148 TERRA MERE CIR		STREET ADDRESS	6076 Terra Mere Cir.	
CITY-ST-ZIP	BOYNTON BCH, FL		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, ANDREW		NAME		
STREET ADDRESS	6046 TERRA MERE CIR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTAX, ALBERT		NAME		
STREET ADDRESS	6159 TERRACE MERE CIR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDIK, DANIEL		NAME		
STREET ADDRESS	6165 TERRA MERE CIR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		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)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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