



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90036 004 ****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		60026273	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01162007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0105680	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CRYSTAL COMMUNITY MANAGEMENT, INC. C/O EDWARD O'CONNELL 5995 BANNOCK TERR BOYNTON BEACH, FL 33437				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 _____ <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, 2007		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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, SONIA		NAME	Andor Schafer	
STREET ADDRESS	6136 TERRA MERE CIRCLE		STREET ADDRESS	6148 Terra Mere Circle	
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	Christina Sinai	
STREET ADDRESS	6160 TERRA MERE CIR		STREET ADDRESS	6057 Terra Mere Circle	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, VINCENT		NAME	Faith Blass	
STREET ADDRESS	6142 TERRA MERE CIR		STREET ADDRESS	6076 Terra Mere Circle	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUB, ANDREW		NAME	Marjorie Wurman	
STREET ADDRESS	6046 TERRA MERE CIR		STREET ADDRESS	6159 Terra Mere Circle	
CITY-ST-ZIP	BOYNTON BCH, FL		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNBLUM, GERALD		NAME		
STREET ADDRESS	6094 TERRA MERE CIR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		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 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>Franklin G. Jacob</i>				3/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	