


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 046 ****61.25

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|--|---|---|---|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0105680 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent 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 <div style="text-align: right;"> FL Zip Code </div> | | |
| 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)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY - ST - ZIP | VD GREENBERG, SONIA <input type="checkbox"/> Delete 6136 TERRA MERE CIRCLE BOYNTON BEACH, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Less, Gerald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6153 Terra Mere Circle Boynton Beach, FL 33437 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD JACOBS, JANYCE <input type="checkbox"/> Delete 6160 TERRA MERE CIR BOYNTON BEACH, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Wurman, Marjorie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6159 Terra Mere Circle Boynton Beach, FL 33437 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SCHAFFER, ANDOR <input checked="" type="checkbox"/> Delete 6148 TERRA MERE CIRCLE BOYNTON BEACH, FL 33437 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Sinai, Christina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6057 Terra Mere Circle Boynton Beach, FL 33437 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TAUB, ANDREW <input type="checkbox"/> Delete 6046 TERRA MERE CIR BOYNTON BCH, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Taub, Andrew <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6046 Terra Mere Circle Boynton Beach, FL 33437 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS KORNBLUM, GERALD <input type="checkbox"/> Delete 6094 TERRA MERE CIR BOYNTON BEACH, FL 33437 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Orsino, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6141 Terra Mere Circle Boynton Beach, FL 33437 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BEDIK, DANIEL <input type="checkbox"/> Delete 6165 TERRA MERE CIR BOYNTON BEACH, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 3-18-08 Daytime Phone # | | |