

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90046 038 \*\*\*\*61.25

**DOCUMENT # N95000005298**

1. Entity Name

**GLENEAGLES AT LOMOND HILLS HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**7667 VICTORY LANE  
DELRAY BEACH FL 33446  
US**

Mailing Address  
**7667 VICTORY LANE  
DELRAY BEACH FL 33446  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0773151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, DAVID  
16081 LOMOND HILLS TR.  
DELRAY BEACH FL 33446**

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENEDON, IRVING ☐ Delete  
STREET ADDRESS 16049 LOMOND HILLS TR  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE SD  
NAME LOKOS, ANITA ☒ Delete  
STREET ADDRESS 16089 LOMOND HILLS TR  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE TD  
NAME MEYER, DAVID ☐ Delete  
STREET ADDRESS 16081 LOMOND HILLS TR.  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME BOBBIE CHALKIN ☒ Change ☐ Addition  
STREET ADDRESS 16113 LOMOND HILLS TR  
CITY-ST-ZIP DELRAY Bch, FL 33446

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06

561-495-9798  
216-831-3611