

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726348 (6)

1. Corporation Name  
**GREENSWARD VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 745 GREENSWARD COURT DELRAY BEACH FL 33445  
Mailing Address: 745 GREENSWARD COURT DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 05/06/1973  
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

4. FEI Number	Applied For
59-1562476	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURSTEIN, RICHARD B.  
730 GREENSWARD ST  
#J206  
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, EDWARD	1.2 NAME	
STREET ADDRESS	230 GREENSWARD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, E WALTER	2.2 NAME	
STREET ADDRESS	830 GREENSWARD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNER, CHARLES	3.2 NAME	
STREET ADDRESS	830 GREENSWARD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSTEIN, RICHARD	4.2 NAME	
STREET ADDRESS	730 GREENSWARD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, WARREN	5.2 NAME	
STREET ADDRESS	730 GREENSWARD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUNETTI, CARMEN A.	6.2 NAME	
STREET ADDRESS	900 GREENSWARD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard B. Burstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD B. BURSTEIN

Date: 3/11/96  
Daytime Phone #: 407 498 8538

CR2E037 (12/95)