


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 11 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
 745 GREENSWARD COURT DELRAY BEACH FL 33445  
 745 GREENSWARD COURT DELRAY BEACH FL 33445

3. Date Incorporated or Qualified  
 05/08/1973  
 4. FEI Number  
 59-1562476  
 Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	XX	DELETE
NAME	TURNER, EDWARD	
STREET ADDRESS	230 GREENSWARD LANE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	DELETE
NAME	SNYDER, E WALTER	
STREET ADDRESS	830 GREENSWARD CT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	DELETE
NAME	KRASNER, CHARLES	
STREET ADDRESS	830 GREENSWARD CT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	PD	DELETE
NAME	BURSTEIN, RICHARD	
STREET ADDRESS	730 GREENSWARD CT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	DELETE
NAME	CLIFFORD, WARREN	
STREET ADDRESS	730 GREENSWARD CT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VP	DELETE
NAME	PRUNETTI, CARMEN A.	
STREET ADDRESS	900 GREENSWARD LANE	
CITY-ST-ZIP	DELRAY BEACH F	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE ROLAND
3.3 STREET ADDRESS	800 GREENSWARD CRT.
3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALVIN EISENBERG
4.3 STREET ADDRESS	900 GREENSWARD LANE
4.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EVELYN FRANKEL
5.3 STREET ADDRESS	730 GREENSWARD CRT.
5.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002639088
6.3 STREET ADDRESS	-09/14/98--01146--006
6.4 CITY-ST-ZIP	***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Carmen A. Prunetti Aug 28 1998 561-998-9538

CR2E037 (5/98)