

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

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756748 (0)  
1. Corporation Name  
**GREEN GLEN III HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
5995 BANNOCK TERRACE BOYNTON BCH FL 33437

3. Date Incorporated or Qualified 03/12/1981 3a. Date of Last Report 04/05/1995  
4. FEI Number 59-2083903 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**CRYSTAL COMMUNITY MGMT, INC  
C/O JOE BARTLETT, PRES  
BOYNTON BCH FL 33437**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, ABRAHAM	
STREET ADDRESS	5818 KIOWA CIR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEISER, LESTER	
STREET ADDRESS	5690 KIOWA CIR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAUSSBAUM, JACK	
STREET ADDRESS	5643 KIOWA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GILBERT, SANFORD	
STREET ADDRESS	5578 KIOWA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, ABRAHAM	
STREET ADDRESS	5634 KIOWA CIR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELLMAN, SYDNEY	
STREET ADDRESS	5622 KIOWA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mildred Weiss	
1.3 STREET ADDRESS	11802 Kiva Drive	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harry Green	
2.3 STREET ADDRESS	11806 Kiva Drive	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Melvin Edelman	
5.3 STREET ADDRESS	5606 Kiowa Circle	
5.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96  
Date

Daytime Phone #

CR2E037 (12/95)

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**GREEN GLEN III**  
**HOMEOWNERS ASSOCIATION INC.**

ADDITIONAL DIRECTORS

D  
Jack Gordon  
5702 Kiowa Circle  
Boynton Beach, FL 33437