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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756748 (0)
 1. Corporation Name
GREEN GLEN III HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5995 BANNOCK TERRACE BOYNTON BCH FL 33437	Mailing Address 5995 BANNOCK TERRACE BOYNTON BCH FL 33437
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3. Date Incorporated or Qualified 03/12/1981		
4. FEI Number 59-2083903	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	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	VD	<input type="checkbox"/> DELETE
NAME	MILDRED WEISS	
STREET ADDRESS	11802 KIVA DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARRY GREEN	
STREET ADDRESS	11806 KIVA DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUSSBAUM, JACK	
STREET ADDRESS	5843 KIOWA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, SANFORD	
STREET ADDRESS	5578 KIOWA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MELVIN ELDELMAN	
STREET ADDRESS	5606 KIOWA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILDRED WEISS	
1.3 STREET ADDRESS	11802 KIVA DR	
1.4 CITY-ST-ZIP	BOYNTON BCH, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EILEEN FILER	
2.3 STREET ADDRESS	11798 KIVA DR	
2.4 CITY-ST-ZIP	BOYNTON BCH FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK GORDON	
3.3 STREET ADDRESS	5702 KIOWA CIRCLE	
3.4 CITY-ST-ZIP	BOYNTON BCH FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GALVIN, AARON	
4.3 STREET ADDRESS	5610 KIOWA CIRCLE	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mildred Weiss* President 4/10/98 (561) 734-8005

CR2E037 (10/97)