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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90065 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756748

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/12/1981
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2083903
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRYSTAL COMMUNITY MGMT, INC C/O JOE BARTLETT, PRES BOYNTON BCH FL 33437		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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILDRED WEISS	1.2 NAME	IRV BALDWIN
STREET ADDRESS	11802 KIVA DR	1.3 STREET ADDRESS	5647 KIOWA CIRCLE
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY GREEN	2.2 NAME	FILER, EILEEN
STREET ADDRESS	11806 KIVA DR	2.3 STREET ADDRESS	11798 KIVA DRIVE
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUM, JACK	3.2 NAME	
STREET ADDRESS	5643 KIOWA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, AARON	4.2 NAME	
STREET ADDRESS	5610 KIOWA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN ELDELMAN	5.2 NAME	
STREET ADDRESS	5606 KIOWA CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JACK	6.2 NAME	
STREET ADDRESS	5702 KIOWA CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	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, with all other like empowered.

SIGNATURE: Mildred Weiss **SIGNATURE REQUIRED** Date: 3/18/99 Daytime Phone # _____

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