FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756748 1. Entity Name					Apr 12, 2001 8:00 am Secretary of State				
GREEN	i Glen III Homeowners' A	SSOCIATION, INC.				04-12-2001			
Principal Place of Business		Mailing Address							
5995 BANNOCK TERRACE BOYNTON BCH FL 33437		5995 BANNOCK TERRACE BOYNTON BCH FL 33437			CACACORO E 1 GACORO				
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-2083903			F	pplied For
Zip	Country	Zip	Country		5. Certificate of S			\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered A	gent	
			Name			_		_	
CRYSTAL COMMUNITY MGMT, INC			Street Address		(P.O. Box Number is Not Acceptable)				
C/O JOE	BARTLETT, PRES					<u>0,</u> ₹2			
BOYNTO	N BCH FL 33437		City				FL	Zip Cod	le
8. The above	named entity submits this statement fo	or the purpose of changing its re	egistered office	or registere	ed agent, or both, i	n the state of Fl	orida.		
SIGNATURE									
	Signature, typed or printed name of registered agent		Registered Agent sign		_	Mak	DATE Se Check P	avable to	
	FILE NOW: FEE IS \$61.25	9. Election Campaign I Trust Fund Contribut	Financing	\$5.0	May Be to Fees		DATE See Check Pepartment		D
10.	FILE NOW: FEE IS \$61.25	9. Election Campaign I Trust Fund Contribut RECTORS	Financing tion.	\$5.0 (Added	0 мау Ве	De	e Check Pepartment	of State	1 10
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> Melvin Edelman,</u>

CR2E037 (10/00)