

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90546 036 \*\*\*\*61.25

0052619

**DOCUMENT # 756748**

1. Entity Name

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

Principal Place of Business

Mailing Address

5995 BANNOCK TERRACE  
 BOYNTON BCH FL 33437

5995 BANNOCK TERRACE  
 BOYNTON BCH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2083903**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRYSTAL COMMUNITY MGMT, INC**  
**C/O JOE BARTLETT, PRES**  
**BOYNTON BCH FL 33437**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                   |  |
|----------------|-------------------|--|
| TITLE NAME     | PD MILDRED WEISS  | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 11802 KIVA DR     |  |
| CITY-ST-ZIP    | BOYNTON BCH FL    |  |
| TITLE NAME     | SD HARRY GREEN    | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 11806 KIVA DR     |  |
| CITY-ST-ZIP    | BOYNTON BCH FL    |  |
| TITLE NAME     | D NUSSBAUM, JACK  | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 5643 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BCH FL    |  |
| TITLE NAME     | D BALDWIN, IRV    | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 5647 KIOWA CIR    |  |
| CITY-ST-ZIP    | BOYNTON BCH. FL   |  |
| TITLE NAME     | TD MELVIN EDELMAN | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 5606 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BCH FL    |  |
| TITLE NAME     | D GORDON, JACK    | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 5702 KIOWA CIR    |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL  |  |

|                |                   |  |
|----------------|-------------------|--|
| TITLE NAME     | PD MELVIN EDELMAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5606 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BEACH, FL |  |
| TITLE NAME     | D HAROLD HIRSH    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5642 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BEACH, FL |  |
| TITLE NAME     | D HERBERT GARDE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5566 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BEACH, FL |  |
| TITLE NAME     | D MILTON KAPLAN   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5674 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BEACH, FL |  |
| TITLE NAME     | D PEARL ROSKER    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5634 KIOWA CIRCLE |  |
| CITY-ST-ZIP    | BOYNTON BEACH, FL |  |
| TITLE NAME     |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

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**

*Melvin Edelman*  
 Melvin Edelman, President 3/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE