

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90058 013 \*\*\*\*61.25

0044318

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757101**  
 1. Corporation Name  
**ASPEN GLEN CONDOMINIUM 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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426832-90058-3 < \*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2083906
City & State 23	City & State 28	Applied For No Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRYSTAL COMMUNITY MGMT. INC. % JOE BARTLETT, PRES. 5995 BANNOCK TERR. 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 SD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAYE, SEYMOUR		1.2 NAME	
STREET ADDRESS 6446 ASPEN GLEN CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OHRENSTEIN, EUGENE		2.2 NAME	
STREET ADDRESS 11214 ASPEN GLEN DR		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH. FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEITZ, JAY		3.2 NAME	
STREET ADDRESS 11175 ASPEN GLEN DR		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 SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DRESSLER, LEONARD		4.2 NAME OHRENSTEIN, SYLVIA	
STREET ADDRESS 11186 ASPEN GLEN DR		4.3 STREET ADDRESS 11214 Aspen Glen Drive	
CITY-ST-ZIP BOYNTON BCH. FL		4.4 CITY-ST-ZIP Boynton Beach, FL	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYLVAN, JERRY		5.2 NAME	
STREET ADDRESS 6265 ASPEN GLEN LANE		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 KORNBUT, LAWRENCE		6.2 NAME	
STREET ADDRESS 11203 ASPEN GLEN DR.		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: Sylvia Ohrenstein DATE: 4/15/99 DAYTIME PHONE: 561-734-8005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)