Applied For

\$8.75 Additional

Fee Required

No Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 757101

1. Corporation Name

ASPEN GLEN CONDOMINIUM ASSOCIATION, INC.

Principal	lace	OI	Dusines
5995 BAN	NOCK	TE	RRACE
BOYNTON	RCH.	ΕŁ	22427

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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Mailing Address

5995 BANNOCK TERRACE BOYNTON BCH FL 33437

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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Apr 27, 1999 8:00 am Secretary of State

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

426832 - 90058 - 3 4



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/01/1981

59-2083906

4. FEI Number

Zip Country Zip Country Zip Country Sp. 00 May Be Sp. 00 May B	23		28									
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name CRYSTAL COMMUNITY MGMT.INC. % JOE BARTLETT, PRES. \$83 Street Aiddress (P.O. Box: Number is Not Acceptable) 82 Street Aiddress (P.O. Box: Number is Not Acceptable) 83 Street Aiddress (P.O. Box: Number is Not Acceptable) 84 City FL 85 Street Aiddress (P.O. Box: Number is Not Acceptable) 86 City FL 87 Street Aiddress (P.O. Box: Number is Not Acceptable) 87 Street Aiddress (P.O. Box: Number is Not Acceptable) 88 Street Aiddress (P.O. Box: Number is Not Acceptable) 89 SahNNOCK TERR. 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 80 City FL 80 City FL 80 City FL 80 Street Aiddress (P.O. Box: Number is Not Acceptable) 81 Street Aiddress (P.O. Box: Number is Not Acceptable) 82 Street Aiddress (P.O. Box: Number is Not Acceptable) 83 Street Aiddress (P.O. Box: Number is Not Acceptable) 84 City FL 85 City FL		Country	Zip	Cou	ntry		6. Election Campa	ign Financing	П	•		-
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9. JOE BARTLETT, PRES. 5995 BANNOCK TERR. BOYNTON BCH. FL 33437 11. Pursus nt to the provisions of Suctions 617,0507 and 617,1508, Florida Statu les, the above-named corporation submits this statement for the purpose of changing its register of office or registatered agent, or both, in the State of Florida. Such change was suthorized by the corporation submits this statement for the purpose of changing its registered office or registatered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the approintment as registered office or registatered agent and size if applicable. SIGNATUFE SIGNATUFE Signature, typed or protect not a red of registered agent and size if applicable. Note: Registation required Agent playsature required when minimating) DATE 12. OFFICERS AND DIRECTORS 117 mts. OFFICERS AND DIRECTORS 117 mts. DATE NAME KAYE, SEYMOUR STREET ADDRESS CITY-ST-ZP BOYNTON BEACH FL UD					81	Name						
9. JOE BARTLETT, PRES. 5995 BANNOCK TERR. BOYNTON BCH. FL 33437 11. Pursus nt to the provisions of Suctions 617,0507 and 617,1508, Florida Statu les, the above-named corporation submits this statement for the purpose of changing its register of office or registatered agent, or both, in the State of Florida. Such change was suthorized by the corporation submits this statement for the purpose of changing its registered office or registatered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the approintment as registered office or registatered agent and size if applicable. SIGNATUFE SIGNATUFE Signature, typed or protect not a red of registered agent and size if applicable. Note: Registation required Agent playsature required when minimating) DATE 12. OFFICERS AND DIRECTORS 117 mts. OFFICERS AND DIRECTORS 117 mts. DATE NAME KAYE, SEYMOUR STREET ADDRESS CITY-ST-ZP BOYNTON BEACH FL UD	CRYSTAL	COMMUNITY MGMT INC.			82	Street Addr	ess (P.O. Box Number	is Not Accepta	ble)			
S995 BANNOCK TERR. BOYNTON BCH. FL 33437 11. Pursuent to the provisions of Suctions 617,0502 and 617,1508, Florida Statutes, the above-named expotation submits this statement for the purpose of changing lits legister office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the purpose of changing lits legister office or registered agent, arm familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE								···				
BOYNTON BCH. FL 33437 11. Pursuent 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 segister office or registered agent, or both, in the State of Florida. Such change was submitrated by the corporation's board of directors. I hereby accept the approximate agent, or both, in the State of Florida. Such change was submitrated by the corporation's board of directors. I hereby accept the approximate agent, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS IND DIRECTORS IN		-			83							
11. Pursuent to the provisions of Siccions 617,0502, and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Florida. Such change was subtrotzed by the corporation's board of directors. I hereby accept the approintment as registered agent, or both, in the State of Florida. Such change was subtrotzed by the corporation's board of directors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATU					84	City				85	Zip C	ode
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12.	SIGNATURE	Signature, typed or printed name of registered agent	I and title if applicable. (NO	T E: Registerød	Agent	signature require						
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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	14. I hereby	certify that the information supplied wit	h this filing does not qualify the	for the exe	mpti that	on stated in S	Section 119.07(3)(i), Fig. shall have the same i	orida Statutes. I egal effect as if	turther ceri made unite	tity that er oath:	the in	iormation em 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 appearables 12 or Block 13 if changed, or on an effective method in the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appearables 12 or Block 13 if changed, or on an effective method in the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appearables 12 or Block 13 if changed, or on an effective method in the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appearable method in the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appearable method in the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appearable method in the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appearable method in the receiver of the receiver or trustee empowered to execute this report as required by the receiver of the receiver of the receiver or trustee empowered to execute this report as required by the receiver of the