

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90049 024 ****61.25

DOCUMENT # 757101

1. Entity 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**

00032777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2083906

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.
 % JOE BARTLETT, PRES.
 5995 BANNOCK TERR.
 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 | S | <input type="checkbox"/> Delete |
| NAME | KAYE, SEYMOUR | |
| STREET ADDRESS | 6446 ASPEN GLEN CIRCLE | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | OHRENSTEIN, EUGENE | |
| STREET ADDRESS | 11214 ASPEN GLEN DR | |
| CITY-ST-ZIP | BOYNTON BCH. FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WEITZ, JAY | |
| STREET ADDRESS | 11175 ASPEN GLEN DR | |
| CITY-ST-ZIP | BOYNTON BCH. FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | OHRENSTEIN, SYLVIA | |
| STREET ADDRESS | 11214 ASPEN GLEN DR | |
| CITY-ST-ZIP | BOYNTON BCH. FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SYLVAN, JERRY | |
| STREET ADDRESS | 6265 ASPEN GLEN LANE | |
| CITY-ST-ZIP | BOYNTON BCH. FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KORNBUT, LAWRENCE | |
| STREET ADDRESS | 11203 ASPEN GLEN DR. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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 *EUGENE OHRENSTEIN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-01 *561-734-8005*

CR2E037 (10/00)

Attachment

#757101 | D0032777

ASPEN GLEN CONDOMINIUM ASSOCIATION, INC.

5995 Bannock Terrace

Boynton Beach, Fl 33437

(561) 734-8005

D

GROSS, MELVILLE
6380 Aspen Glen Circle
Boynton Beach, Fl 33437
