


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 049 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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	
				Zip Code	
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITGANG, DONALD		NAME	Donald Mitgang	
STREET ADDRESS	11235 ASPEN GLEN DR.		STREET ADDRESS	11235 Aspen Glen Dr.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, Fl 33437	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHRENSTEIN, EUGENE		NAME	Jerry Sylvan	
STREET ADDRESS	11214 ASPEN GLEN DR		STREET ADDRESS	6265 Aspen Glen Lane	
CITY-ST-ZIP	BOYNTON BCH., FL		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZ, JAY		NAME		
STREET ADDRESS	11175 ASPEN GLEN DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH., FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHRENSTEIN, SYLVIA		NAME		
STREET ADDRESS	11214 ASPEN GLEN DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH., FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVAN, JERRY		NAME		
STREET ADDRESS	6265 ASPEN GLEN LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH., FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORN BUT, LAWRENCE		NAME		
STREET ADDRESS	11203 ASPEN GLEN DR.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		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: <i>Eugene Ohrenstein</i>		Date		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					