
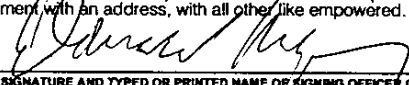


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90059 013 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRYSTAL COMMUNITY MGMT. INC. C/O EDWARD O'CONNELL, 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. 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, 2008		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	PD <input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITGANG, DONALD	NAME	Wolfisch, Frank
STREET ADDRESS	11235 ASPEN GLEN DR.	STREET ADDRESS	6253 Aspen Glen Lane 104
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLOFF, STANLEY	NAME	Lukens, Doris
STREET ADDRESS	6394 ASPEN GLEN CIR	STREET ADDRESS	6289 Aspen Glen Lane
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEITZ, JAY	NAME	Oringer, Linda
STREET ADDRESS	11175 ASPEN GLEN DR	STREET ADDRESS	11266 Aspen Glen Drive
CITY-ST-ZIP	BOYNTON BCH., FL	CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ISABELLE	NAME	
STREET ADDRESS	6255 ASPEN GLEN LN	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, SAUL	NAME	
STREET ADDRESS	11231 ASPEN GLEN DR	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRÜCKHEIMER, ALLEN	NAME	
STREET ADDRESS	11283 ASPEN GLEN DR	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 3/13/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	