

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90733 001 ****61.25

1039102

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**

10059750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2083906**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" 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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Sumner Gefen	
STREET ADDRESS	6295 Aspen Glen Lane	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard Silverman	
STREET ADDRESS	11247 Aspen Glen Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* **Pres.** **3-28-03**

CR2E037 (10/02)