

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715640** (9)

1. Corporation Name

**GREEN ACRES CONDOMINIUM, INC.**



Principal Place of Business

Mailing Address

5700 SIMS RD  
DELRAY BCH FL 33484  
US

116 NE 1ST  
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified

**12/02/1968**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REID, SHARON  
116 NE 1ST ST.  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

**Gensman, John**

82 Street Address (P.O. Box Number is Not Acceptable)

**115 NE 2ND ST**

83

84 City

**Boynton Beach**

FL

85 Zip Code

**33435**

11. Pursuant 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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WARD, RAY	
STREET ADDRESS	112 NE 1 STR	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REID, DAVID	
STREET ADDRESS	116 NE 1ST ST.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	REID, SHARON	
STREET ADDRESS	116 NE 1ST ST.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZPATRICK, BRIAN	
STREET ADDRESS	2540 SW 11TH CT	
CITY-ST-ZIP	BOYNTON BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEILL, ANNE	
STREET ADDRESS	114 NE 1ST ST	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gensman, Betty	
1.3 STREET ADDRESS	115 NE 2ND ST.	
1.4 CITY-ST-ZIP	Boynton Beach, FL. 33435	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FITZPATRICK, BRIAN	
2.3 STREET ADDRESS	2540 SW 11TH CT	
2.4 CITY-ST-ZIP	Boynton Beach, FL	

3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gensman, John	
3.3 STREET ADDRESS	116 NE 2ND ST.	
3.4 CITY-ST-ZIP	Boynton Beach, FL. 33435	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**X Sharon A. Reid**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/98

561-9498-3200

Date Daytime Phone #

CR2E037 (5/98)