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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715640

1. Corporation Name

GREEN ACRES CONDOMINIUM, INC.

Principal Place of Business

5700 SIMS RD
DELRAY BCH FL 33484
US

Mailing Address

115 NE 2ND STREET
BOYNTON BEACH FL 33435
US



* 5 2 22245 2 2 90019 - 13 5 *

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/02/1968

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GENSMAN, JOHN
115 NE 2ND STREET
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81

Name

GENSMAN, BETTY

82

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

115 NE 2ND Street

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

Treasurer

(NOTE: Registered Agent signature required when reinstating)

4/10/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GENSMAN, BETTY
STREET ADDRESS 115 NE 2ND STREET
CITY-ST-ZIP BOYNTON BEACH FL ☐ DELETE

TITLE VD
NAME FITZPATRICK, BRIAN
STREET ADDRESS 2540 SW 11TH CT
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ DELETE

TITLE STD
NAME GENSMAN, JOHN
STREET ADDRESS 115 NE 2ND STREET
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ DELETE

TITLE D
NAME FITZPATRICK, BRIAN
STREET ADDRESS 2540 SW 11TH CT
CITY-ST-ZIP BOYNTON BCH FL ☒ DELETE

TITLE D
NAME O'NEILL, ANNE
STREET ADDRESS 114 NE 1ST ST
CITY-ST-ZIP BOYNTON BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FITZPATRICK, BRIAN
1.3 STREET ADDRESS P.O. BOX 524
1.4 CITY-ST-ZIP Boynton Beach, FL. 33425 ☒ Change ☐ Addition

2.1 TITLE ~~Treasurer~~
2.2 NAME GENSMAN, BETTY
2.3 STREET ADDRESS 115 NE 2ND ST
2.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33435 ☒ Change ☐ Addition

3.1 TITLE SOD
3.2 NAME SMITH, FRED ☒ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Gensman 4/10/99

Date

(561) 735-3531

Daytime Phone #

CR2E037 (11/94)